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**THE LIFELONG LEARNING OF OLDER  
PEOPLE USING SOCIAL CARE SERVICES:  
RHETORIC AND REALITIES**

Thesis submitted for the Doctorate in Education

Trish Hafford-Letchfield, BA (Hons), MA.

29 October 2010

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## **Abstract**

A plethora of government policies impacting on older people in the UK assert a paradigmatic shift towards their engagement with public services. User involvement is

integral to increasing personalisation of care services where older people are expected to direct their own care through individualised budgets through a transformational environment. Disciplines within lifelong learning, particularly educational gerontology, has given rise to debates about the purpose and meaning of learning in later life. There is however, relative under-theorisation and a lack of empirical research into the lifelong learning needs, opportunities and experiences of those older people using social care services particularly in relation to the skills and knowledge they might need to capitalise on, to achieve more person-centred support. Convergence of the lifelong learning agenda with social policy and social care therefore has potential through increasing interrelated and overlapping activity in policy and practice. Drawing on Habermas's two paradigms of strategy-orientated and individual-orientated analysis embedded in his theory of communicative action, this study explored both structural constraints and tensions arising from policy imperatives in relation to the day-to-day realities of older people using social care. Documentary analysis of four key policies and in-depth interviews with twenty older people enabled the phenomenon of learning and participation to be examined from different perspectives within a qualitative framework. Findings indicated that older people have sophisticated desires around the themes of independence, dependence and interdependence and that learning opportunities are essential to effective brokerage of appropriate services. Problematisation of policy concepts around self-directed care also indicated that the potential for empowerment of older people within their relationships with care professionals might be enhanced through engaging with different pedagogies. Recommendations are made for finding mechanisms in care settings that engage with learning to improve the quality of responses to older people.

## Chapter one: Background to the Research

### 1.1 Introduction

“The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement, and high quality personally tailored services. In the future, we want people to have maximum choice, control and power over the support services they receive”.

*(Putting People First, HMG, 2007, p.2)*

“This situation has been going on for years; will things really change this time? (Student Social Worker, personal communication, 2009)

These two quotations reflect polarised views about the future of care services for older people from a policy level and in practice. My role as an educator in professional social work within Higher Education involves helping students to reconcile these different tensions. Prior to my academic career I had twenty years experience in social work practice, the latter ten of which I managed social care services in a statutory and community setting for older people. As social work practice with older people is my academic subject area, thinking through these different interests and issues led me to develop this research topic.

My main concern was to give attention to the ways in which social workers learn how to work more effectively and holistically with older people in light of policy directives and shifts in practice towards a more person-centred approach.

Trish Hafford-Letchfield



Under the government policy *Putting People First* (HM Government, 2007), for example, older people are offered ‘individualised budgets’ (IBs) to enable them to choose and direct their own support. IBs allocate cash payments and resources in lieu of services with the potential for older people to spend this on any reasonable means of enhancing their own wellbeing. This development built on the *Community Care (Direct Payments)* Act (1995) which was extended to older people in 2000. Scepticism still exists about older people's desire and ability to use direct payments (DPs) (Clark *et al*, 2004). The success of both of these developments depends on older people being in a position to take advantage of them. My hunch was that professional facilitation of learning opportunities could be crucial within this context.

This led to my being interested in how far learning existed as a phenomenon within the activities of social work practice from a social pedagogic perspective. The social work education curriculum has responded to shifting UK policy which emphasises choice, independence and social inclusion for older people using social care services, through the promotion of healthy active lifestyles and increasing user involvement and participation (DH, 2006). Simultaneously, their contact with care services are primarily conceptualised as a challenge within the social, economic and political environment. Ageing is perceived as a time of difficulty and loss ultimately leading to increased structured dependency (Townsend, 2006). These contradictions are echoed in the practice experiences that students of social work bring into the classroom. My interest in the different discourses on lifelong learning within public policy and lifelong learning theory led me to consider how significant these feature within

social care and relationships between social workers and older service users.

Both social work and lifelong learning claim to be concerned with increasing participation, citizenship and social justice for older people. However, the reality of how care services are delivered by the State have been criticised for their remoteness and are in direct conflict with recent constructions of lifelong learning, successful ageing and meaningful ways in which to promote social exclusion cited in government policy (Tanner, 2003; Townsend, 2006). I was interested in exploring the knowledge base about older people and lifelong learning in relation to how this addressed the specific needs of older people using social care services. I explored how older people themselves perceived policy through their own care experiences and how policy rhetoric was reflected in the realities of social care practice. This involved challenging policy and professional knowledge to look for new insights about the potential roles that social workers might play in facilitating learning within their relationships with older people, and the potential influence of learning on how services are commissioned and provided. This builds on the notion that knowledge about older people tends to be professionally constructed and value laden in its definition (Grenier, 2007). Transmission through learning might lead to greater two way transaction, building on the existing knowledge and experience of older people themselves according to their perceived needs (Jarvis, 1992).

I also considered the involvement of older people using social care services within the development of the social work academic curriculum where their voices could be recognised and heard. The mandatory involvement of users and carers in social work education is embedded in the

regulation and approval of social work programmes (DH, 2002). This builds on the premise that valuing the knowledge of users and carers and recognising that this is different from, but equal to, professional and academic knowledge. This premise has been of critical importance to social work education. Arising from policy imperatives, users' and carers' experiences within social work practice are seen as a relevant resource for achieving change by incorporating these across all areas of the curriculum. In my university, older people were hardly represented within its existing user involvement strategy. Including older people involves more of a challenge to social work educators. It requires outreach work into the community to actively engage those using services, to capture the diversity of their experiences and to make their participation meaningful. In summary, I sought to undertake research that would inform the teaching and learning about older people from their perspectives in a number of different ways.

## **1.2 Terminology used within the thesis**

I have provided a brief explanation to terminology used in the thesis specific to my professional background. The term 'service user' is used throughout to refer to people eligible to access social care services following an assessment under legislation (DH, 2003). Criticism of this term by advocacy groups implies that it portrays people receiving services as passive and dependent, as opposed to focussing on one's self-identity and being a person first and foremost (Beresford, 2000). Traditionally professionals within social care have perceived themselves as being in a helping relationship thus confirming them as 'experts'. During the 1980-90s a shift in thinking emanating from the service user movement itself, led to a broader, more inclusive definition of the problematic

term ‘service user’ to include people *eligible* to receive services in which their potential for mutual support or self help is emphasised (Beresford, 2000). Controversially, the vehicle of language is also one way in which professions within social work or education may preserve power and resources for their own benefit. Choosing certain terms to describe service users has been claimed as a political endeavour (Heffernan, 2006). The move away from the term ‘client’ to ‘consumer’ and now ‘service user’, for example, reflects political ideologies influencing the overall provision of social care and specific views about the nature of relationships between professionals and older people. Specifically, and relevant to this thesis, these may also exclude perception of older people as ‘learners’. As the thesis developed, some of these views and debates were explored further, but, as the most widely used term in the social care and social policy literature, the term ‘service user’ was adopted throughout.

The terms ‘participation’ and ‘user involvement’ tend to be used interchangeably, with the latter defined as:

“..participation of users of services in decisions that affect their lives at an individual level or collectively. Involvement can include participation in decision making, policy formulation, service development and in the running and controlling of services” (Robson *et al*, 2003, p.3).

This study uses the term ‘older’ to refer to social care service users aged sixty-five years plus. This is the generic criterion within social care for the rational organisation of services from one service user group to another and in grouping people for policy purposes. ‘Older people’ hardly captures

the diversity of this group in our society. Arguably, insufficient attention has been given to life course divisions within old age. The concept of the 'third age' is associated with Laslett (1994) who sought to dispel well established, stereotyped and undifferentiated notions which promoted marginalisation. Laslett argued that following retirement; the 'old' were a consumer group of growing importance with potential for achieving personal fulfilment and active participation in the market, politics and policy making. Development of ideas about later life emphasising autonomy, agency and self-actualisation has distinguished these from the 'fourth age', i.e. the 'old old', said to encompass those with more obvious physical and perhaps mental decline where dependency represents a key marker in the transition. Gilleard and Higgs (1998) comment on the difficulties in reconciling these conflicting representations and the limits of consumerist ideologies particularly with respect to welfare:

“The rhetoric of consumerism attributes to all older people, a position of agency which, as users of scarce and targeted resources, they cannot fill. Chronic illness and material impoverishment characterise the fourth age and turn older people into ‘users’.....a position from which no power of any kind can be exercised” (p.234).

Therefore the usefulness of 'older' as a concept is contested, with questions about whether it is a major determinant of our understanding of later life, or only one socially determined dimension of identity and experience. These differentiated concepts are discussed in more detail in chapter three in relation to key transition points in the life course seen as related to lifelong learning.

Finally, the term ‘social care’ covers a wide range of services within a mixed economy provided by statutory bodies, the independent or third sector comprising profit and non-for-profit organisations. Social care is traditionally associated with providing support to people in their own homes, day care, residential or nursing homes, and, within other community partnerships such as with health, housing, leisure and education (DH, 1998). As care is the product or expression of a social relationship between the caregiver and older person, its relational aspects are important. Care may be given ‘informally’ by others from within the person’s network as well as given by employed or ‘formal’ carers.

### **1.3 Rationale behind the research questions**

In my professional and practice context there has been a radical move to revise the underpinning principles of how care is provided. This is based on the concept of co-production which:

“..relates to the generation of social capital – the reciprocal relationships that build trust, peer support and social activism within communities....., a way of talking about participation and community involvement in social care services in the context of personalisation.....’ (Needham and Carr, 2009, p.1).

Social work comes from a radical tradition seeking to promote principles of human rights, social justice and the empowerment and liberation of people to enhance well-being (International Federation of Social Work, undated). Giving more weight to the quality of partnerships between social workers and service users at the practice level, requires recognition in how these are supported within developments

at the policy level (DH, 2009). I alluded earlier to the tensions between rhetoric at the policy level with frontline practice. Emerging legislation and policy guidance affecting social work with older people emphasises outcomes which are the changes, benefits or other effects that happen as a result of an organisation's activities on the individual or community. Outcomes are linked to broad quality of life domains outlined in recent policies, specifically *Our Health, Our Care, Our Say* (DH, 2006). It requires service providers and their funders to measure the effects of services provided and their success in achieving pre-identified aims. Focusing on outcomes should bridge policy, administration and accountability on the one hand, with the aspirations, goals and priorities identified by older people themselves (Glendinning *et al*, 2006). This contrasts to services whose content and forms of delivery have become increasingly standardised or determined solely by those who deliver them. Approaches that harness learning might offer older people opportunities for greater self-determination. A number of empirical studies (Purdie and Boulton-Lewis, 2003; Hammond, 2004; Jackson, 2006) suggest that participation in lifelong learning impacts upon a range of health and social care outcomes such as well-being, recovery from mental ill-health, the capacity to cope with stress-inducing circumstances and the onset and progression of chronic illness and disability.

Until relatively recently, researchers and theorists of the literature on lifelong learning and social care for older people largely ignored each other in relation to the implications for care provision. Connections have been made through the expansion of debates about lifelong learning and older people in the United Kingdom since the 1970s, leading to the development of disciplines such as educational gerontology,

embracing a multi-disciplinary field of study and range of topics around learning in later life (Jarvis, 1992; Glendenning, 1987, 2000; Finsden, 2002). Convergence of this agenda with social policy and social care therefore has potential through increasing interrelated and overlapping activity in policy and practice within both areas. This study sought to explore what potential lifelong learning has to offer in supporting the implementation of social policies with older people. Within the broader context of ‘transformation’ of care services (HM Government, 2007; DH, 2008), more personalised and self-directed support are being actively promoted. It seemed timely to revisit what opportunities are afforded through maximising learning for people using social care services in later life to promote a more meaningful reality. Different mechanisms of achieving user involvement, participation and strategies for self-directed support might exploit the capacity of older learners and their contribution to learning communities. Having looked at policies said to support implementation of the personalisation agenda, I sought to interrogate more closely the types of organisational practices and partnerships closer to older people themselves, designed to implement policies in an everyday sense.

Thinking through these issues led me to develop the following research questions:

1. What discourses within public policy formulation are present on the participation, involvement and lifelong learning of older people using social care services? Do these affect their everyday realities?
2. What is the relevance of lifelong learning within the government’s ‘transformation’ agenda for older people’s services in relation to promoting self-directed care?



3. How do older people experience opportunities for participation, involvement and learning in light of recent policy changes?
4. How effective is the process of accessing and personalising social care services for older people and how are their interests being served?

Key documents emanating from the government's modernisation programme in social policy, education and social inclusion all cite quality of life, social inclusion and independence as paramount considerations within service delivery. Achieving these depends on a high engagement of older people with those supporting them. Despite these exhortations, current evidence demonstrates that learning provision to older people still remains largely and erratically neglected, pedagogically unexamined and politically overlooked (Phillipson, 2000) and not least grossly under-resourced (Schuller and Watson, 2009). This study draws on discourse theory (Potter and Wetherall, 1987; Fairclough, 1989) as a means of analysing these complex phenomena and to illuminate how language and symbolic media are employed within policies to describe, represent and interpret issues around the research topics. How discursive action is embedded within broader frameworks of understanding, communicating and interacting with older people's involvement and participation in social care services was subsequently explored through documentary analysis of the government policies concerned. Understanding discursive practices provides a resource for considering and enacting change. In the broader context and at the individual level, one might be able to generate alternative or new meanings that help to straddle interactions between policy and practice.

Underpinning this research are concerns that older people using social care services are a relatively marginalised group within current education and lifelong learning theory. It attempts to contribute to the theoretical and practice aspects of lifelong learning for this specific group of older people by highlighting the complexities and tensions in promoting learning opportunities and learning within community based services.

This study is both exploratory and explanatory. Through its design, it intended to unmask policy assumptions and draw out their practical implications for the practice of social care. The design incorporates detailed examination of discourses; legislative, moral, professional and individual or otherwise, that mediate our everyday understanding of what it means to 'age well' or experience 'quality of life'. I undertook documentary analysis of four key government policies perceived as relevant to the research area to answer research questions one and two above. Content was analysed by drawing on discourse theory to look at the discursive nature of the policies in relation to how older peoples' learning needs are constructed and responded to within social care. Examining these themes through the experiences of older people themselves was used to help analyse and understand lifelong learning in relationship to policy. To answer research questions three and four, I undertook individual in-depth interviews with a representative sample of twenty older service users to ascertain what meanings they attributed to policy changes based on their lived experiences and to provide some insights on these issues. The overarching objective was to focus on both structural and individual factors within the lifelong learning of older people who are using social care services vis-a-vis their individual experiences in relation to policy objectives.

Investigating these ideas required methods which focus on the personal meaning of lifelong learning to older people to illuminate how they experience various aspects of daily life in which learning plays a significant role. Having observed that much of the current literature on the impact of personalisation and transformation in older people's services comes from professional perspectives, I chose not to engage professionals in exploring the research questions but focussed on older people's voices, less frequently heard. The period during which the study was undertaken also coincided with an extensive evaluation of thirteen national pilot sites in which IBs were implemented. This evaluation considered in detail structural, service and professional issues arising from implementation which would have perhaps given rise to some duplication of these perspectives if included in my own study. I also considered it to be premature to engage professionals who during this period were preparing for implementation of IBs - or waiting to see what form this would take in different local authorities. The government had stated that IBs were expected to be implemented for every older person using social care by 2012. Whilst I was mindful of the potential value of including professional perspectives in the study, I considered that the timing was not conducive at the point during which the fieldwork was being done, and that this would not add much value in light of alternative research being done at the same time. I was aware of the potential value of including the perspectives of professionals. However, the timing was not conducive and I doubt if these would have added much value to my research.

This research study was undertaken between 2005 and 2010. The onset coincided with a period of particular policy making culminating in the formal introduction of personalisation and IBs to health and social care (HMG, 2007). The policy

analysis was therefore based on a particular period of government policy making in the relevant areas leading up to this time and included the key policies published between 2005 – 2008 seen as relevant to older people and lifelong learning. These decisions are discussed in detail in chapter five. The interview data was collected from older people during the summer of 2009, just after the national pilot evaluation of IBs was published (Glendinning *et al*, 2008). It was following this evaluation that personalisation and IBs were then expected to be formally introduced within older peoples social care services. In short, at the time of the fieldwork, very little was known about IBs within the general public arena and particularly by those interviewed. The findings intended to predicate on this. It is also noteworthy that during the period leading up to the submission of the thesis, an economic slowdown and subsequent recession combined with a change of national government in 2010 significantly altered the political and socio-economic landscape, in particular, its policy context. The findings and recommendations of this study were reviewed where relevant to reflect these changes where possible.

As the study is informed by a discourse approach, in-depth individual interviews rather than focus groups or observational techniques were perceived to more effectively facilitate the meaning-making aspects or interpretive nature of the research topics. These decisions are discussed further in the literature review in chapter three and research design and methodology in chapter four.

Early in my research journey, I became interested in research reported by educational gerontologist Howard McClusky (1974) reflecting five key areas of need that older people might meet through strategies for learning. These mirrored

the traditional ‘ladder’ of participation (Arnstein, 1969) commonly referred to in social care (Carr, 2004) where at the lowest level, users can expect to have the right to information exchange with professionals, and, at the upper levels achieve delegation of power and control to facilitate citizenship. Other forms of consultation and partnership working fall within these two extremes. Similarly, key areas of learning need identified within McCluskys’ ‘load power’ theory refers firstly to the coping needs of older people arising from adjusting to changes in daily life such as physical fitness, economic self-sufficiency and basic education. Secondly, he identifies expressive needs such as those related to taking part in activities for their own sake. Thirdly, McClusky cites contributive needs as those where individuals want to continue actively contributing to society. Fourthly, influence needs occur where older people take a leadership role to achieve social change. Transcendence need is McClusky’s fifth domain in which older people rise above age-related limitations and learn to balance power and demands from society. Learning is thus perceived as a complex social and value-creating activity, both shaping and being shaped by social structure and culture. These inevitably involve ethical judgements and political choices. These different domains described by McClusky were adopted as a broad guiding tool in a number of ways throughout this thesis. Within chapter three for instance, it was loosely adopted to structure an exploration of themes from the literature on older people’s learning and its relevance to the research area. It also informed the development of the research tool by informing broader topics to engage older participants in the in-depth interviews as well as one means of questioning policy documents. Some reference is made to McClusky’s five areas following analysis and discussion of the data.

## 1.4 Structure of the thesis

This thesis contains ten chapters. This chapter provides the general professional and practice context for the study and rationale for the research questions. Chapter two looks specifically at the policy context and policy issues giving impetus to the study. Chapter three explores the relevant literature in both lifelong learning and social care. It outlines the theoretical framework for the study, particularly the key concepts being employed. Habermas's critical systems theory and theory of communicative action (1984; 1987) provides the main theoretical framework for ways of thinking about and analysing older people's learning within a particular context and his ideas permeate the whole thesis. Chapter four explains and appraises the research methodology including epistemology and ontology. Chapter five provides detail on the process of gathering data and outlines the approach taken to the documentary analysis and chapter six presents and discusses the findings from documentary analysis of selected government policies. Chapter seven describes the process of gathering and methods of analysing data from in-depth interviews with older people, and the findings from these are discussed in chapter eight. Evaluation of the overall findings is the subject of chapter nine. Here these are linked to the conceptual framework and literature review to suggest new insights. Chapter ten considers the relevance and implications of the findings for policy and practice with older social care users and my own professional practice as an educator. It makes some recommendations and concludes with some final reflections on the overall value and process of the study. This last chapter includes a short reflection on some of the wider and more radical socio-economic and political changes

that may have subsequent influence on its findings and recommendations at the time of submission.

The thesis contains appendices of examples from the research process for the benefit of transparency and validity of the findings.

## **Chapter two: The public policy context**

### **2.1 Introduction**

Demographic change and changing attitudes in society towards older people have impacted on policy and its influence on the development of public services. This chapter provides a critical overview of specific UK policies relevant to the research area and aims to consider whether lifelong learning is a meaningful concept within these. A key aspect of the study was to examine how policies in different areas reflect and serve the interests of older people using social care services and what they say about the process of transformation. Wider examination of the policy context relevant to my professional and practice context provides the background to exploring specific research questions concerning policies and the rationale for selecting those for the documentary analysis discussed in chapter five.

Key policy themes such as ‘participation’, ‘co-production’, ‘personalisation’, ‘outcomes’ and ‘integration’ are explored given their relevance to shaping current provision of social care and professional practice. Policy concepts such as ‘active ageing’ and ‘ageing well’ are also considered. I then examine the extent to which older people using social care are featured within the discourses and policies of lifelong learning. The chapter concludes with consideration of how policy discourses might address the development needs of those wishing to direct their own care and the implementation of more personalised support as posited within the research questions.

### **2.2 Social policy reforms affecting older people**



The *National Health and Community Care Act 1990* introduced specialisation in the development and delivery of care services for older people through more structural organisational arrangements within local authorities. Expenditure on older people since the Second World War, sought to improve their quality of life, specifically by attempting to overcome poverty and material deprivation (Walker and Mabey, 1997). Reductions in public expenditure on older people and pensions in the 1980s were accompanied by negative political rhetoric about the burden of ageing and economic costs of pensions (Wanless, 2006). Within social policy, the mixed economy of care promoted during the 1990s paralleled a shift from social responsibility for care, to market led provision. A more managed environment, therefore, emerged deploying managerial principles of effectiveness, efficiency, cost reduction, and related performance and outcomes measurement (Means *et al*, 2008).

One political objective of the incoming New Labour government of 1997 was to modernise the welfare state following the Conservatives attack on welfarism as unproductive, inefficient, ineffective, and bureaucratic, primarily serving the interests of the professional groups involved. Its modernisation programme asserted pragmatism and the social and communal over individualism to construct a 'third-way' (Blair, 1998), by adapting social democracy to a changing world. This heavily influenced policy making (Giddens, 2000). Variations in the quality of care were dealt with through the creation of a series of evidence-based *National Service Frameworks* for groups such as older people (DH, 2001). Eight key standards were established combining targets for improvements in the management of significant problem areas; the creation of new services such as those

focused on intermediate care and; the promotion of system-wide attitudinal change in how older people were perceived and treated. Standard eight, for example, referred to the importance of lifelong learning and leisure programmes to promote healthy and active living in old age.

Throughout the 1990s, mounting pressure on social care budgets were translated into increasingly restrictive eligibility criteria resulting in the *Fair Access to Care Services* (DH, 2003) by shifting resources towards those with higher levels of need and reducing potential for more preventative forms of intervention. Simultaneously, approaches were promoted to seemingly empower people by offering choice within which people might become more genuinely independent and involved in their own communities (Means *et al*, 2008). Radical changes such as *The Direct Payments (Community Care) Act* 1996, (DPs) extended in scope and mandate by the *Health and Social Care Act* 2001, enabled people to purchase their own support and increase control over services. Local authorities are now required to offer DPs to all adult service users in England.

The Green Paper *Independence, Wellbeing and Choice* (DH, 2005) and the subsequent White Paper *Our Health, Our Care, Our Say: A New Direction for Community Services*. (DH, 2006) were pivotal documents for extending independence to older people, countering reliance on services by trying to rebalance the nature of provision and focussing on earlier intervention. These floated the idea of individual budgets (IBs) to encourage maximum autonomy in deciding how to meet care needs. Priorities included integrated policy development to support independent living including education, training and leisure (HM Government, 2007, p.4). This transformational, simplified system based on entitlement

suggests that through advocacy and brokerage, the use of IBs would be more likely to promote collective responsibility within policy objectives. The White Paper (DH, 2006) had four main goals. Firstly; prevention services with earlier intervention, secondly to tackle inequalities and improve access to community based services; thirdly, to give greater choice and say and fourthly, more support for people with long-term conditions (pp.7–8).

Succeeding documents (HM Government, 2007; DH, 2008; HMG, 2009) outlined the government strategy for regeneration, neighbourhood renewal and social cohesion leading to the development of care trusts for older people. These emphasised extensive and integrated partnership and planning between statutory, third and private sectors within a social inclusion framework. Within social care, research evaluation and performance management data shows that many factors continue to hinder outcome-focused approaches to supporting the independence and quality of life for older people (Care Quality Commission, 2009). This indicates significant disjunction between policy developments and their practical implementation, and is attributed to rigid and bureaucratic approaches to commissioning and purchasing, resource constraints and poor relationships between statutory with voluntary and community organisational partnerships (Glendinning *et al*, 2006). Likewise, the national evaluation of the IB pilots demonstrated that older people found the system difficult to use, needing stronger links with other initiatives and more time and support for those with complex needs to get the most from IBs (Glendinning *et al*, 2008).

A personalised service involves the older person in determining what services are required to meet their individual need. Achieving person-centred services also

recognises a broader diversity of provision such as looking beyond the immediate social care environment to the wider community so that choices can be linked to the older persons own desired outcomes. Knowing exactly what personal budgets can be spent on, however, can give rise to problems within the system. Lymberry (2010) identifies complexities and contradictions which characterise the implementation of the personalisation agenda for older people: the changing relationship to resource-based adult social care and the practice of safeguarding vulnerable older people.

The resource base of adult social care was already identified as being grossly inadequate in relation to demographic changes - even before the need for an improved focus on outcomes (Wanless, 2006) was considered. The government circular on transformation (DH, 2008) repeatedly specified that the development of adult social care 'must be set in the context of the existing resources and be sustainable in the longer term' (p.7), and reiterated that the rationing of scarce resources remains a priority in any new developments. The Audit Commission report (2010) into the financial management of IBs by Local Authorities, found that in general, people were using IBs to purchase domestic care and to support social, leisure and domestic activities, rather than for a range of innovative care packages as anticipated. This was attributed to relatively high eligibility criteria used to determine who received the budgets resulting in little differences between the amounts of money received in conventional care packages compared with the amount of money received in IBs. There are also practical problems in arranging different funding streams to fit into an IB, as each carries with it a particular set of eligibility criteria making it difficult to align with a single assessment process.

Personalisation has become a greater policy imperative since the change of government in 2010 and with it, drastic reductions in public expenditure. With some local authorities having to reduce up to a third of their expenditure, there are concerns that personalisation may be underfunded by stealth (Newman, 2010). Furthermore, a difficult financial climate will limit resources to support people to make real choices, particularly where there is no coherent approach to support planning with developed brokerage and advocacy schemes.

The second issue identified by Lymberry (2010) focuses on the complexities involved for professionals. Professionals hold statutory responsibility for enhancing an older individuals' independence in situations where the reality for those living with dementia, or experiencing abuse, will mean that they continue to be dependent, vulnerable and to require protection. Whilst personalisation reforms are often accompanied by a call for a more positive attitude of professionals towards risk, frontline staff may be wary of letting go. They may still be blamed when things go wrong. In situations where vulnerable people struggle to exercise the control and choice central to the policies being effective, there is little guidance for professionals. This has led to scepticism concerning the feasibility and likely positive impact of personalisation policies.

### **2.3. Changing roles for older people**

Alongside policy developments, the growing tension within social work and care professionals' own relationships with the state has been well documented (Ferguson, 2007). As stated earlier social workers have to manage an uneasy balance between expanding needs and expectations of older people within tightly constrained resources. The assessment

role of social workers, guided by legislation, requires them to interpret need and translate these into plans of intervention and care support. There are however some instrumental barriers in legislation to achieving personalisation. The resource allocations system that has been developed to quantify an individual's personal budget has not been without contradictions in law particularly as increasingly, local authorities have to take hard decisions about providing care services. One example is the Court of Appeal's decision in *R (McDonald) v Kensington & Chelsea* (October 2010) which demonstrated judicial reluctance to interfere with these hard decisions.

Less, but growing attention, has been given to the older person's everyday experience of relationships with professionals and how to understand and improve them. Different terms used to describe and articulate that relationship for example; 'service user', 'consumer', 'customer', 'client' or 'expert by experience' belies the political and social circumstances behind their adoption and highlights the hierarchical power positions involved (Carr, 2007; Scourfield, 2007). These arise from genuine moves towards user participation and involvement to more consumerist discourses within social care (Beresford, 2000; Carr, 2007). Pressures for innovation also arise from service users' own experiences and increasing expectations. The model of 'co-production' attempts to steer this middle path between professionals and users.

"The current state of consumerism within social care rests upon an uneasy synergy between highly influential, articulate 'bottom-up' user movement and the 'top-down' ambitions of successive governments to increase the penetration of market-related

mechanisms into the public sector” (Glendinning, 2009, p.178).

Co-production emphasises the role that users play in both the consumption and production of public services by highlighting the interdependence of consumer-producer relationships. It attempts to move beyond engagement and participation through active engagement in shaping service planning and decision-making processes away from professional determined processes. Professionals working with older people in social care settings may not see the transformative potential of learning for older people within their relationships. They may not fully explore connections between lifelong learning with the concept of co-production, or as a tool for negotiating needs for improved care and support. Policy initiatives such as DPs (DH, 1997) and IBs (DH, 2008) can be viewed as co-productive in nature, linking service users with their own outcomes. Other examples include expert patient programmes in the *National Health Service* (DH, 2007) and the *Partnerships for Older People Projects* (DH, 2007a).

Needham and Carr (2009, pp.222-223) identify three distinct advantages of co-production over traditional bureau-professional models of service provision. These firstly recognise the expertise of frontline staff as a result of their regular interaction with service users. Secondly, co-production is said to improve quality by placing emphasis on users’ own agency and empowerment rather than dependence. This enables individuals to become more civically minded and encourages them to develop other horizontal relationships and social capital. Thirdly, users input into the productive process is said to improve efficiency because frontline providers and their managers are more

sensitive to their needs forming the basis for more constructive interactions and a focus on public values. These illustrate potential differences in goals, structures and purposes of the different stakeholders within the process. Co-production takes place in an intimate setting where professionals consult with individual service users in partnership about their support needs. Growing interest in co-production is not only about resisting passive accounts of service users but has potential for more cost effective service provision whilst promoting greater autonomy. The role of professionals in creating opportunities in which common ground can be articulated and services improved emphasises dialogue, interaction and negotiation. Some commentators assert however that lack of organizational responsiveness and political commitment to service user participation has led to exclusionary structures, institutional practices and professional attitudes which can affect the extent to which service users can influence change (Carr 2007). Throughout the planning process user participation initiatives should be integral to decision making within a supported partnership as according to Postle and Beresford (2007) the issue is not one of representativeness, but of inclusion. It is thus essential to develop a continuous critical dialogue by deconstructing these different relationships and unearthing any assumptions made in policies.

Within the assessment process, care professionals aim to draw upon the expertise and experiences of older people to enable participation. Exploring this context from a lifelong learning perspective is relevant from both a strategic and operational point of view as the provision of social care is an iterative and negotiated process. Determining, highlighting and explicitly satisfying the learning needs in those older people using social care services has potential to contribute to



raising standards in a way that facilitates participation and taking advantage of any lifelong learning opportunities in order to do so (Withnall, 2000). Disciplines associated with lifelong learning and social and critical gerontology likewise observe co-productive relationships. Integral to this view is the development of social movements amongst older people themselves from within the community, voluntary sector, politics and education (Phillipson, 2000), leading to a more consensual basis for modern forms of governance emphasising citizenship and social inclusion in later life.

Glasby and Littlechild (2009) remind us that whilst achieving choice and control are important ends in themselves, the practical focus should be on the increased ability for people using services to make changes and to achieve outcomes most meaningful to them. Outcomes also need to be measured and tested including value for money. Following the passage of the *Health and Social Care Act, 2008*, these are now firmly linked to performance assessment. Co-ordination of health, social care, education, housing, and other organisations are expected to logically emerge in order to encourage more innovative and flexible commissioning across a local authority or health commissioning body (DH, 2008).

## **2.4 Personalisation**

Personalisation was formally introduced through the Concordat *Putting People First* (HMG, 2007) and the Local Authority Circular *Transforming Social Care* (DH, 2008) which asks stakeholders to engage in a process that transforms the way social care is viewed. As many providers of social care now lie outside the direct line-management structure of social services, joint management across

organisations such as primary care trusts are expected to promote strategic responsibilities for the delivery of services to older people through more integrated processes and its different partners at the front line.

“If co-production is to improve outcomes in social care, it will be at the ‘transformative’ level, avoiding versions of co-production that simply cut costs, demand compliance or reproduce power relations” (Needham and Carr 2009, p.17).

Despite attempts at a co-ordinated approach however, collaborative working arrangements may remain undermined and vulnerable to divergent ideologies or priorities, separate training, blurred roles and responsibilities, financial constraints, competitiveness, and different views and approaches to older service users. Inter-agency training and protocols are seen as key mechanisms to assist integrated interventions at strategic and individual levels (DH, 2009). Whilst some aspects of the personalisation agenda have involved tinkering around the edges of current provision, it offers a potentially radical vision of the future in which citizens become budget-holders, commissioners and co-producers of the services they use. Needham (2010) has referred to the incoming Coalition government in May 2010 as being committed to continue the personalisation theme in a way which also heralds the radical reshaping of the welfare state. Traditional provision in social care is likely to be scaled down substantially and there are concerns that once service users hold the budgets for their own services, it will be virtually impossible to revert to any more traditional care allocation systems (Needham, 2010).

Government requirements on integration have been very specific and regarded as a remedy for the fragmentation of services and more effective care by providing a simpler more user-friendly system with a greater continuity and a single point of access wherever possible.:

“By 2008 we expect all PCTs and local authorities to have established joint health and social care managed networks and/or teams to support those people with long-term conditions who have the most complex needs” (DH, 2006, p.4).

The key feature of an integrated service is a community hub bringing together a range of agencies whose practitioners work to deliver integrated support. Policy is also unambiguous about the respective responsibilities of the state, family and individual (CSIP, 2009). Transformation involves working across boundaries such as housing, benefits, education, leisure, transport and health. In organisational terms, every area is expected to create forums, networks and task groups to involve staff across the sectors and service users and carers as active participants in the design and change process. Like any innovation, personalisation presents challenges to established service providers and ways of working. *The Health and Social Care Act* (2010) introduced by the new government indicates a tough decision-making environment for adult social care. There are plans to externalise existing service provision into the voluntary and private sectors in preparation for a sharp decline in public funding. Local authorities will have to respond by developing much more flexible contracting relationships with local service providers, or in sectors such as social care by pushing many services out to individualised commissioning relationships which may not have yet

developed sufficient capacity or flexibility to respond appropriately. Further, some research shows there is potential for personalisation to deliver cost-savings, through encouraging users to be more creative in their use of funds (Chamberlain *et al*, 2010). In short, future cuts in public expenditure could widen the gap between the aspiration for transformation and personalisation and the reality for those on the ground.

## 2.5 Demography and active ageing

The challenges to public services posed by demography of the UK population aged 65 plus are well rehearsed. By 2033 the number of people aged 85 and over is projected to more than double to reach 3.2 million, accounting for 5 per cent of the total population (Office for National Statistics, 2009). In response, successive policies throughout the 1990s and since produced a plethora of consultation documents and good practice guides; *Action on Age, Building a Better Britain for Older People* (Dfes, 1998) and *Employment Equality (Age) Regulations* (HMG, 2006) with: “the message is that ability is ageless, grey is good, and, capacity, not age, is what matters” (Macnicol, 2005, p.297). The support system proposed by the Green Paper *Shaping the future of Care Together* (HMG, 2009) aims to establish fair, sustainable and transparent funding. Cross-party consensus on reforming the funding of long term care of older people asserts the significance of cultural change through transforming the social care system in particular combined with increased and inclusive public engagement of older people themselves.

“We must make the most of the opportunities that demographic change is bringing and change alongside it....Healthier; more active later life could

result in significant savings in the costs of health, care and social care, pensions and benefits” (HMG, 2009, p.15).

Older people bring a variety of expectations and experiences to their use of care services from education and learning, work and retirement. Developments need to take account of diversity in older people and their different needs to achieve the aims cited. In contrast, Townsend’s thesis (2006) refers to how dependency is actually structured by long term economic and social policy. Research evidence that older people are perceived and treated as more dependent than they really are has been fostered by ageism and structures that institutionalise responses (JRF, 2004). According to Townsend (2006) attributing problems in later life to the natural consequences of old age such as “physical decrecence” and “mental inflexibility” (p.164), and individual failures of adjustment prevent attention to the influence of emerging socio-economic conditions as a result of demography.

Hockey and James (2003) remind us that age is considered a key basis for the production of social identity. Understanding overarching notions such as ‘normal ageing’ or ‘positive ageing’ posited in public policies (DH and DWP, 2006; Audit Commission, 2008) require consideration of other discourses on ageing formed by the political economy, lifespan psychology or post-modern sociology. These will be explored further in chapter three. ‘Active ageing’ is a prominent theme in major research initiatives, such as the UK Research Councils’ *New Dynamics of Ageing* five-year programme given that “both the concept and the various factors that interact to determine it are inadequately understood” (ESRC, 2005, p.2). Contemporary usage of the

term emphasises vital connections between activity and health. Walker (2002) describes this as an incoherent policy goal based on empty rhetoric which focuses exclusively on more able or productive older people rather than on those whose conceptions of ‘activity’ differ from policy norms. The World Health Organisation’s (2002) definition of active ageing includes frail and disabled people and their potential for physical, social and psychological well-being throughout the life course. Clarke and Warren (2007) point out that even where policy constructs are dynamic; research on active ageing is often restricted to those in earlier old age. More targeted research has demonstrated that older people are more concerned with achieving ordinary things in life (Qureshi and Henwood, 2000), or preferred the idea of comfortable healthy ageing (Reed *et al*, 2003). Offering choices at all stages which acknowledge limited resources, fear of decline and dependency can exist alongside the positive anticipation of forthcoming events (Clarke and Warren, 2007). Policies within education, i.e. *Winning the Generation Game* (Cabinet Office, 2000) tend to exemplify these two elements of active ageing; the promotion of employment in the Third Age (those between 50 and 75, the ‘old’) and healthy ageing and community participation targeted at the Fourth Age (those 75 years plus, the ‘old, old’). Both have positive potential for older people and society in terms of social inclusion, well-being and quality of life and in reducing pressures on public spending on pensions, health and social care.

These different ideas about what constitutes active ageing have implications for lifelong learning and how the different areas of policy constructs supports older peoples learning needs within an active ageing agenda. Lifelong learning implies continuous learning throughout the lifespan including informal or ‘everyday learning’ but also organised learning in

formal and non-formal settings. According to Schuetze and Casey (2006) the ‘life-wide’ component of learning recognises that organised learning can occur in a variety of forms which requires consistency across policy development and implementation. Having focused on social and social inclusion policies, I now turn to look at lifelong learning policies and how these have responded to the specific needs of older people.

## **2.6 Perspectives on older people within lifelong learning policy**

According to Arthur (2007), the concept of lifelong learning remains “contested, ill-defined, all-embracing and elastic” (p.1). Despite notable successes, particularly the improvement of literacy and numeracy skills, vocational education and progression routes to higher education, she suggests that lifelong learning strategies may have created a two-tier system through its disproportionate effect on those who remain marginalised. Older people are one such group, the very people identified as being needed to fill the skills gap in the economy (Arthur, 2007). The origins of notions of lifelong learning as opposed to lifelong education might be traced to the Fauré Report (1972) which, according to Schuetze,

“..formulated the philosophical-political concept of a humanistic, democratic and emancipatory system of learning opportunities for everyone” (2006, p.290).

Other lifelong learning theorists (Field and Leicester, 2000) critically trace the development of the concept of lifelong learning from its social justice origins through different phases. Lifelong learning re-emerged in the 1990s giving Trish Hafford-Letchfield

rise to international debate about the role of education and training in relation to economic competitiveness and globalisation. Major policy reports in the UK revealed a strong priority for vocational education which Withnall (2010) describes as “well intentioned but ultimately empty rhetoric” (p.25). The Green Paper, *The Learning Age* (Dfee, 1998) acknowledged the family and community as sites for learning but the subsequent White Paper *Learning to Succeed* (Dfee, 1999) devoted only a short paragraph to older people. The Carnegie Inquiry (Schuller and Bostyn, 1992) was a significant attempt to examine participation by older people at three levels within policy making; economic; philosophical and societal. It was hugely influential in demonstrating inequalities in learning between generations. This increased with time resulting in cumulative educational disadvantage for older people, particularly women. The Carnegie Inquiry challenged the rhetoric of lifelong learning. Its case studies demonstrated the influence of family relationships on how an older person learns and the positive aspects of social and demographic trends in which a complex range of intergenerational interactions supported an argument for a more positive and wider appreciation of the potential of older learners.

Within Europe, the *Memorandum on Lifelong Learning* (European Commission, 2000) made a positive move in acknowledging its social dimensions. Its definition encompassed all purposeful on-going learning activity throughout life aiming to improve knowledge, skills and competencies within a personal civic, social as well as from an employment-related perspective (European Commission, 2000, p.9). Whilst concern for older people’s learning has been a concern of the European Union for some time, arrangements for provision haven’t been at the forefront of



discussions. The Commission of European Communities (EC) restated its commitment in its communication *Adult Learning: It's never too late to learn* stating that:

“an expansion of learning provision for retired people is needed....as people are reaching retirement in better physical and mental health, and post-retirement life expectancy is extending. Learning should be an integral part of this new phase in their lives.” (EC, 2006, p.23)

Its subsequent *Action Plan on Adult Learning* (2007) for Member States includes older people as a European Commissions target group. Its funded *Grundtvig lifelong learning programme* recently showcased a number of projects on the breadth, depth and quality of provision to older people across Europe. In a conference overview the Commission stated:

“Significantly, it has now become accepted that education and training have a vital role in helping older people make decisions and exercise choices about their quality of later life” (in Soulsby, 2010, p.78).

Older people still however constitute a marginalised sector in the EU's lifelong learning policy. Preoccupation with short-term economic concerns overrides opportunities for raising the quality of learning opportunities and the role of community, informal, and self-directed learning for increasing active citizenship and social inclusion. Pressures exerted through UK based educational policies have touched on older people's needs, for example, those emerging from the widening participation agenda (HEFCE, 2000), skills for

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life (Dfee, 2001) and the requirements of the Disability Discrimination Act, Part Four (DRC, 2001). Whilst relatively marginal, these urged educational and community educational providers to act upon obligations to offer learning opportunities to older people including those with social care needs.

Whilst the Carnegie Inquiry identified the need for more appropriate learning provision for older people, advocacy organisations, such as National Institute of Adult Continuing Education (NIACE, 2007), have since documented their subsequent decline in participation. The independent *Inquiry into the Future for Lifelong Learning* (Schuller and Watson, 2009) sponsored by NIACE argued for rebalancing resources fairly and effectively across the life course to reflect changing economic and social conditions. Doubling proportional support for learning in the third and fourth stages was recommended to support key transition points. Relevant from its ten recommendations, the inquiry suggested that a new intergenerational contract and learning entitlements could facilitate more opportunities for people to contribute economically, to stay connected, and to achieve meaning in their extended lives. For the fourth stage of life, it calls for systematic and creative exploration of the content of lifelong learning to develop a more authentic curriculum. This should embrace pragmatic issues to do with the management of health and issues associated with the meaningfulness of life. The inquiry proposed a strategic framework for lifelong learning which recognises the range of meanings associated with learning, as both an activity and as a system (p.10). Major omissions in public policy relating to learning in later life were highlighted such as diminishing rather than growing opportunities for learning by older people and the failure to join up relevant government initiatives.

Whilst education, learning and leisure are referred to within broader social policy such as in the White Paper (DH, 2006) *Our Health, Our Care, Our Say*, and *Putting People First* (HMG, 2007) specific policy developments have attempted to highlight and address the area of education, learning and leisure in later life. These documents refer to the enhanced role of Local Authorities in the provision of formal and informal learning opportunities as integral tools for achieving health, well being and engagement. The consultation paper, *Informal Adult Learning: Shaping the Way Ahead* (DIUS, 2008) and the White Paper, *The Learning Revolution* (DIUS, 2009) gave commitment to expanding opportunities for adult informal learning supported by a ring fenced ‘Transformation Fund’. Informal learning is recognised;

“..... for its intrinsic value..... encompasses a huge variety of activities.....made up of a kaleidoscope of part-time, non-vocational learning where the primary purpose isn’t to gain a qualification (where)....People participate for enjoyment and are driven by their desire for personal fulfilment or intellectual, creative and physical stimulation”. (p.16).

Similarly, consultation on development of the cross sectoral strategy *Building a Society for All Ages* (HM Government, 2009) referred to investment in information, training and education to facilitate prevention and increase engagement and community cohesion through giving a stronger voice for older people’s representation in shaping services. Specific attention was given to the development of dedicated learning champions, digital inclusion, self-organised learning across communities and the importance of learning in care settings. Further; *Don’t Stop Me Now: Preparing for an ageing population* (Audit Commission, 2008) reviewed the role of

local councils and its partners in developing strategies to support well-being in later life and by ‘age proofing’ existing services. This latter document sought to specifically highlight progress since the launch of *Opportunity Age* (SIU, 2005) and found that 27% of local authorities were solely focussed on issues of provision to dependent older people using social care. Finally NIACE’s interim report and consultation document on *Enhancing Informal Adult Learning for Older People in Care Settings* (Aldridge, 2009) documents ten practice examples of how learning improved the health and quality of life for older people by drawing on feedback from provider organisations and individuals. This report sets out clear challenges in providing more learning opportunities for this target group.

In summary, government policies over the preceding two decades have concerned themselves extensively with developments that strive for dignified and successful ageing in which older people might make an effective contribution to society. Learning in later life can be understood as a product of interaction between these different policies, but an iterative process is needed where coherent interpretation of policy is central. This requires more critical commentary and research to combine instrumental and philosophical aspects of policy as well as including the voice of older people themselves, given their relative absence in policy documents. The public spending review introduced by the government in 2010 confirmed severe budget reductions across many areas of public funding. Whilst the effect on older learners remains open to conjecture, resources to maintain a more progressive agenda, nevertheless, remain uncertain. A letter published on the NIACE website from Deputy Prime Minister in 2010 to NIACE in relation to lifelong learning (Clegg, 2010) acknowledged the many benefits that adult learning brings to

older people's quality of life, health and wellbeing, but noted however, that some reductions in Government funding were inevitable.

## **2.7 Implications of policies for older people using social care**

The preceding discussion draws on assumptions made by policy which then shapes how society sees old age, older people's potential for learning, and the spaces that might be created within social care services in which to age well. Tension between policy rhetoric relating to older people; the experiences of ageing individuals; and the realities of their day-to-day lives when using social care services, provide an interesting focus for exploration. Interest in how definitions of ageing well are enhanced or related to opportunities for learning for older people using social care services require more than integration at policy level. Discourses of social inclusion within policy construction and implementation all appear to support strategies and initiatives to increase older people's involvement and participation. Despite this climate both within health, social care and education practice environments, the socio-political context of this appears riddled with "jarring discourses and beleaguered eroded funding and ossified structural inequality" (Sagan, 2007, p.312). On the whole learning provision to older people remains largely and erratically neglected, pedagogically unexamined, and politically overlooked. There are questions about how to actually promote social inclusion within care services and how resources might be channelled. Whilst older people's learning needs have in the past decade become subject to increased discussion at policy level, there remains a somewhat awkward partnership between the different domains involved. How educational and social care

professionals might position themselves within these different discourses is one aim of this study.

In the absence of a clear theory about the potential partnership between the political vision of lifelong learning and the personal experience of those on the receiving end, according to Withnall (2000), there will always be subjective interpretation and evaluation of where this is actually located. In this study, subjective indicators from service users themselves were explored so that they were heard, recognised and accounted for. This was one way of interrogating organisational practices to elucidate the way in which their learning might be reflected in managed care. This study attempts to make a small contribution to investigate the 'fit' between policy imperatives and organisational practices from the older persons perspective, and how their learning needs are accommodated particularly at an early stage of implementing a more personalised approach. The next chapter looks at the theoretical basis for the study in order to explore further links between lifelong learning, its associated disciplines in gerontology, and any relevant research which illustrates how policy has been implemented thus far.

## Chapter three: Literature review

### 3.1 Introduction

This chapter explores key theoretical themes in relation to education and learning in later life and identifies gaps in the literature to which the study might contribute. It explores knowledge from related disciplines such as social, critical and educational gerontology and research from my own discipline subject area. I then discuss the potential application of different learning theories to the social care arena and their relevance to how social work professionals conduct their everyday relationships with older people. The second half of the chapter looks at theories and discourses in social work associated with empowerment, participation and transformation in order to clarify any underlying ideological approaches. It reviews that research which documents how far these reflect the realities of practice.

This chapter is underpinned by social theory by drawing on Habermas's two paradigms of strategy-oriented and identity-oriented analysis embedded in his theory of communicative action (1981, 1987). This provides an overarching theoretical framework for explaining structural constraints and tensions arising from policy imperatives for achieving transformation within older people's services. Habermas's critical and emancipatory ideas on knowledge (1968) are used to inform the way in which older people are worked with individually within social care. Achieving an enhanced moral awareness of the dynamic interface between the 'self' and the 'other' as well as achieving consensus could be key concepts in achieving more purposeful transformation. Habermas's ideas provide a route to re-establishing ethical communication and reflective processes within the move towards self-directed

care as policies are implemented and where learning could be utilised as a mediating force. Habermas's critical systems theory (1981) aided my understanding of how power operates at the systemic level where policy tends to dominate with suggestions for remedying deficits. Likewise, the private lifeworld of how older people's social care is managed and arranged can be problematised to recognise the power lying in both domains and the critical reality for those on the receiving end of policy. Mezirow's theories of transformational learning are similarly utilised as a reference for illustrating the potential of learning from within a critical paradigm of social care to bring about change (2000, 2009). Mezirow's concept of perspective transformation coheres with idealised aspects of social work practice with older people which emphasises the centrality of experience, critical reflection, meaning making and the importance of relationships. As seen in the following chapter on methodology, these ideas were embedded in the research design and in methods chosen to capture and analyse data from selected policy texts and interviews with older participants.

In Phillipson's view (2000), feeling empowered or powerful has an ontological nature as well engendering a sense of self-worth, a process that may fluctuate throughout the life course or as a result of external and internal influences. Phillipson was instrumental in arguing that education in later life should illuminate the social and political rights of older people. His extensive gerontological research argues for more humanistic and interpretive forms of theory based on biographical or narrative perspectives. Phillipson proposes that asking questions about the status of selfhood in later life is fundamental to understanding problems facing older people in post modernity, particularly in securing a sense of place



and identity. This allows empowerment to be not only examined through the proposed transformation of society but also through the development of new rituals or symbols to facilitate changes to achieve 'personalisation' (Phillipson, 1998, 2000).

Critical realism is important so as not to ignore the negative factors typically associated with ageing. Alongside critical perspectives emanating from the literature, research questions number three and four (see p.8) were designed to solicit different explanations given by older service users themselves about the impact of these factors from their own experiences.

Finally, research interest in the discourses and possible tensions between government public policy, professional practice and the experiences of older people outlined earlier when considering learning in social care, means looking to more macro theories that grapple with complexity in both spheres. Foucault's notion of 'governmentality' (1991) offers a valuable theoretical perspective for understanding power and rule across education and social welfare. This provided some insights when undertaking the documentary analysis of relevant policies in relation to research questions number one and two (see p.8). Governmentality refers not only to the institution or political powers of the state but to how individuals are active in their own government. Within social care for example, self-esteem and empowerment are increasingly seen as ethical obligations of citizenship and matters of personal and social responsibility. To unpick further how power operates, Foucault's conception of discourse and discursive formation (1980) informed questions about how older people are represented in policy and how policy shapes our understanding of social care users.

Alongside perspectives of its 'subject' one can anticipate a dialectical relationship, between power and resistance where neither is passive or in total control.

### 3.2 Conceptualising learning

A critical overview of key theoretical approaches to learning in later life, broadly known as educational gerontology, reveals a complex and multifaceted field. Until relatively recently there was a comparative absence of the voices of older people themselves from these debates (Withnall, 2010). Educational gerontology initially interfaced between adult education and social gerontology (Finsden, 2002). Glendenning (1985, 2000) is credited with arguing for a more developed theory and methodology. He articulated the potential of older people's self-help educational initiatives such as the University of the Third Age (Glendenning, 1997). Developments in lifelong learning policy stimulated working relationships between social gerontologists, academics and practitioners with interests in education and learning in later life expanding opportunities for debates concerning the nature of growing old in different societies and diverse philosophical and theoretical approaches to the purposes of learning. Finsden, for example (2002), locates learning opportunities for older people in a broad socio-cultural context. He particularly researched the nature of participation and provision within its political economy context, paying attention to social class, gender, ethnicity, geographical location and levels of ability. These highlight complexities beyond what is superficially evident. Other learning theorists such as Jarvis *et al*, (2003) have argued for a multi-disciplinary and more embracing theoretical approach articulated in a way that reflects the complexity of learning phenomenon and which is capable of being applied. Jarvis

(2006) places strong emphasis on biography and experience throughout the life course which includes;

“...the combination of processes whereby the whole person – body (genetic, physical and biological) and mind (knowledge, skills, attitudes, values, emotions, beliefs and senses) – experiences social situation, the perceived content of which is then transformed cognitively, emotively or practically (or through any combination)” (p.206).

Embedded in these different conceptualisations of learning in later life are common principles. These assert the constant need to learn throughout the life course and the significant value of learning later to enhancing quality of experience and wellbeing during ageing. These theorists all acknowledge some kind of conscious process and/or state of critical consciousness required on behalf of the older learner when faced with change or new situations accompanying ageing. This “disjuncture” (Jarvis, 2009, p.27) demands reflection, reflexivity, and support so that meaning can be attributed to experiences which then provides the conditions for potential transformation and continuing positive engagement in society. For Mezirow (1981), meaning making is similarly an important element of learning based on an assumption that a person’s construction of reality is dependent on reinforcements from different sources in the socio-cultural world which Mezirow terms ‘perspectives’. The individual’s construction of reality is transformed as a result of reflecting upon experiences and to developing new strategies particularly during crises.

Another common principle when theorising on learning in later life is its location in specific social and cultural settings. These are not neutral in their effects on learners and those working with them, for example the structures which determine and support the distribution of learning opportunities within social care. Within the ‘lifeworld’, shared, often taken for granted meanings that shape our identities, are often based on daily interaction and definitions of tasks, duties and expectations undertaken without conscious deliberation (Habermas, 1984). The ‘system’ by contrast refers to areas of life organised and controlled by the State, its political and economic subsystems governing everyday lives. According to Habermas (1984), whereas the ‘lifeworld’ is concerned with cultural integration and socialisation, the ‘system’ focuses on material reproduction dominated by state power, its resources and strategic action. The potential for these two spheres to become out of kilter as society confronts issues associated with an ageing population may result in fewer opportunities for ‘communicative action’ (Habermas, 1984) as a means of resolving issues and problems in the lifeworld. Restoring balance between these two spheres so that they become more mutually enriching and enhancing may require older people to play a more active role in challenging the system from within its institutions. Developing social movements which incorporate lifelong learning and more meaningful mechanisms for self-directed or person-centred support might be pivotal for communicative action to occur. As Habermas suggests (1984), institutionalised communicative action strengthens social integration and solidarity in social networks and society at large:

“It is only with the turn back to the context-forming horizon of the lifeworld from within which

participants in communication come to an understanding with one another about something, that our field of vision changes in such a way that we can see the points of connection for social theory within the theory of communicative action” (Habermas, 1984, p.337).

Habermas refers here to a form of protest which might recreate an active public sphere and provide a critical voice against the state.

The application of critical perspectives within the field of educational gerontology (Battersby, 1987; Glendenning, 2000; Phillipson, 1998, 2000; Formosa, 2002) further highlighted limitations in the way older people’s learning is conceived. These introduced a moral dimension to:

“..disentangle the reasons for the marginalisation and structured dependency of older people, and secondly, for education to lead older people to take charge of their lives and to become emancipated” (Glendenning, 1987, p.88).

There are parallels between critical gerontology and the aims of social work with older people. According to Chambers (2004) there is potential for contributions in three main areas; challenging ageism; counteracting blame cultures perceived by the burden of ageing on welfare and the value of accumulated experience when characterising old age. Structured dependency theory in critical gerontology however has been criticised for playing down human agency and giving undue emphasis on social inequality (Gilleard and Higgs, 1998). Withnall (2006) suggests shifting the focus of these debates away from policy and practitioner perspectives

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on education towards *learning* to ensure that the voices of older learners themselves can emerge. Bodily changes associated with age are also downplayed (Biggs, 2006). As social care works closely in partnership with health services, some significance is given to physiological and biological evidence in ageing. Blaikie (2006) who has researched ageing identities notes, that within many caring professions, a dichotomy between positive stereotypes of ‘normal’ ageing and negative pathological ones associated with mental and physical decline have linked ageing and illness resulting in a problem orientated medical model.

Learning in later life is a complex arena given its breadth and diversity and most theories do not offer discrete or total explanation as to its purpose. Whilst no one single position can be variously represented and interpreted I now consider the different types of learning and its potential role in relation to social care.

### 3.3 Learning and transitions

Imageries about older people in the ‘Third Age’ and ‘Fourth Age’ (Laslett, 1994) have been challenged by extended employment, shifting retirement age, growing consumer culture and greater engagement of people post retirement in community and leisure activities as well as shifting attitudes in society towards ageing. These make individual life planning a much riskier enterprise as well as posing new problems for the organisations involved, in their capacity as ‘structuring agents of the life course’ (Alheit, 2009, p.118). Life course theory is criticised within social work for being normative (Le Riche *et al*, 2008) as reasons for older people using care services are diverse and more likely to be structured by socio-economic and other factors such as health

status or disability rather than just on chronological age. However, research done by Clarke *et al* (2004) into older people's use of DPs threw into sharp relief the fact that the level of resources allocated to older people to access community activities were different for those participants using 'adult' services (under 65 years) and 'older persons' services (over 65 years). Age discrimination can arise by merely crossing this social services administrative boundary. Public perception of the fourth age for example is often out of step with reality and usually corresponds to stereotypes of ageing, with dependency becoming a key marker in the transition (Laslett, 1994). Theorising of contemporary ageing by Daatland and Biggs (2006) highlights the significance of diversity, the constraints placed upon people growing older and how these are negotiated. Personal social services represent a small proportion of national expenditure but a large proportion of local expenditure. Here older people make up 72% of all social care users and account for 42% of social care spending with 49% on residential care provision (NHS Information Centre, 2009). According to findings by the Audit Commission (2008) a significant proportion of older people using social care live in their own homes with some degree of support, mainly from relatives, with 20% living in permanent residential care. It found that the majority of older people are capable of continuing to live independently with relatively little outside support or with temporary support when coping with a crisis. Analysis of these indicators suggests that preventative approaches in social care could be crucial. Nevertheless, as a growing number of people are spending more of their lives outside of the labour market, these life course transitions call for particular types of support as social roles change. Examples might be taking on significant caring roles, dealing with changes in health conditions, becoming a grandparent, or

becoming dependent. Learning opportunities could become orientated towards these developmental tasks.

Although the effect of gender on life expectancy is diminishing, statistics show that women still heavily outnumber men in the 'fourth age' (Office for National Statistics, 2009). Independent living following death of a partner may create particular learning needs for example, low levels of financial literacy combined with lack of experience of managing family finances. These issues become more complex for ethnic older people who may face language barriers and discrimination (Biggs, 2006). A policy discussion paper by Carlton *et al* (2002) notes the move towards more technologically based financial transactions; the complexity of managing savings and investments particularly in a recession; living on a low income in later life and dealing with the financial implications of entering residential care. These call for learning opportunities and interventions which encourage self-development and confidence in becoming more financially capable. Support in managing financial and administrative demands was identified as crucial in making DP work for older people (Clark *et al*, 2004) necessitating more intense and ongoing forms of support which requires funding of support services for DP schemes.

A key aim of the *Link Age Plus* approach was prevention and early intervention to older people with health conditions. National evaluation (Davis and Ritter, 2005) identified that these went beyond traditional health and social care functions to include healthy living and joined up services to offer support which older people said they needed. This was thought to offer benefits in terms of improved well-being and savings from its preventative effects. Evaluation of the



projects demonstrated efficiency in their delivery by streamlining interactions with services users using a one-stop shop approach. Watt *et al* (2007) attempted to quantify the monetary value of these benefits when commissioned by the DWP to look at the business case for *Link Age Plus*. They identified initiatives for example that prevent falls, some of which used learning interventions such as drama and exercise. These had the potential to save £500m through reduced institutionalisation of older people following a fall. More direct benefits could include the contribution of learning skills towards independent living and reduced isolation, all difficult to quantify in monetary values.

Research shows that older people are significant providers of care. A longitudinal study done by Young *et al* (2006) found caregiving is often associated with disadvantage. Their analysis of the characteristics of people who provide unpaid care to family and friends found that people providing care for twenty or more hours per week are more likely to have health problems themselves, live in poorer areas, and are less likely to have educational qualifications. Supporting carers, and the growing number of mutually supporting but perhaps frail older couples, is an important policy issue. *The Carers (Equal Opportunities) Act* 2004 extended support available to carers to include meeting their education and leisure needs. The Commission for Social Care Inspection (2008) found that DPs to carers are mostly used to support tasks to continue caring, rather than for the carers own fulfilment. The availability of government bursaries for carers learning needs and accredited online learning programmes such as *Learning for Living*, designed by carers for carers are examples of subsequent initiatives to enable carers to acquire particular skills following transition into caring.

Emphasis has been put on the need for older people to keep up with technological and scientific advances (Ardelt, 2000). Service users need a certain level of skill to take advantage of the developments in self-assessment available through interactive web-based assessment tools being introduced with personalisation. Users and carers need to understand the implications of developments in telecare which use advances in technology to remotely monitor people at home to manage risks associated with independent living. Rapidly changing social and economic contexts require constant updating of knowledge, skills and abilities in these areas if older people are to access effective information and support of their choice. A study done by Slegers *et al* (2009), noted particular challenges for some older people. They examined the exact cognitive functions affecting technological performance in a group of older people, varied by the technological task given. They found that among several measures and components of cognition, the speed of information processing and cognitive flexibility had the greatest predictive power. Their study implied that age-related cognitive decline has a profound effect on the interaction between older people and technological appliances. Conversely some evidence shows that learning is an effective strategy to compensate for failing physical and mental functions (Kotulak, 1997). Katzman (1993) and Orrell and Sahakian (1995) demonstrated that those with higher educational achievement might experience slower progression of dementia due to greater cognitive reserve and increased complexity in their neuronal synapses.

The above demonstrates that a life course approach is useful in as far that it facilitates the recognition of key issues associated with aspects of transitions in later life but requires further research. Practical challenges and situational factors may provide the impetus for developing learning

opportunities for older service users. Further, as individual choice arises from increasing use of the market in social care, there will be increasing differentiation in the capacities of individuals to manage themselves as part of the modernisation process. This might lead to increased choice in lifestyles but according to Hake (1999) might threaten cohesion where people may become detached from traditional pre-modern forms of individual identities and become a source of social exclusion.

### **3.4 Identity and expressive needs**

Biggs (2006) notes that the gerontology literature tends to theorize and debate learning within the paradigm of ‘activity’ and ‘disengagement’ as potential routes in later life. Withnall (2000) cites activity theory as an emerging discipline which attempts to provide a clear series of objectives potentially attractive to professionals such as in health and social work with older people. These encourage older people to maintain existing activities for as long as possible or develop new ones. However, according to Biggs (2006), activity-based approaches lack a theoretical basis and problematise older people as non-productive by trying to measure or subject their activities to regimes. This constant emphasis on measurement as proof of quality in care service provision is subject to much criticism (Means *et al*, 2008). The interim report and consultation document *Enhancing Informal Adult Learning for Older People in Care Settings* (Aldridge 2009) assesses the value of learning activities offered in care settings which whilst designed for enjoyment and occupation tend to lack a learning or personal development structure. Aldridge (2009) cites many positive benefits of formal learning opportunities in facilitating physical and emotional health within the case studies documented. She asserts that

purposeful learning activities enhance relationships between carers and service users if accurate in meeting individual needs.

Within activity theory, other forms of learning may provide a means by which older people can improve their opportunities and resume a neglected interest (Withnall, 2000). Those that offer opportunities to reflect on life experiences can lead to greater self-understanding or individual insight as well as offering limited protection against cognitive decline. Withnalls' ERSC funded in-depth research (2006) explored how older people's earlier experiences of education affected their learning activities in later life and the role it played as people grew older. Withnall used a range of different qualitative methods including focus groups, participants learning diaries, questionnaires and interviews to develop a conceptual model of influences on learning. Older people participated in the study as peer researchers. One of the concepts Withnall identified (2006, p.40) was that of 'indulgent learning' referring to learning that people chose to do rather than having to do. Withnall related indulgent learning to situational factors where her participants had more time, fewer constraints and increased motivation to pursue their own creative or intrinsic interests.

There is longstanding debate about whether older people are interested in learning opportunities leading to formal qualifications and usually primarily designed for employment. Qualifications can provide evidence of quality or achievement particularly if learners experienced exclusion in earlier life and require positive countering. Debates about the merits of learning provision for older people and whether it should be formal, informal, structured or unstructured (Glendenning, 2000) mirrors different debates about

education and learning and their prime purpose. A survey by Aldridge and Tuckett (2009) shows that intentions to participate in learning declines as people get older. Participation in qualification bearing courses is also skewed heavily towards lower social classes suggesting a positive effect in countering social skew in participation (McNair, 2009). Formal learning is shown to cluster around certain topics such as information and communication technologies, foreign languages and cultural subjects which may not reflect older people's genuine choices but reflects take up of what is already available. McNair (2009) questions whether a better advice and guidance service for older people would identify different need and demands. The University of the Third Age embraces some of these ideas by promoting self-managed lifelong learning co-operatives and providing opportunities for members to share learning experiences within a wider range of interest groups. Activities within the University of the Third Age however, have not always viewed as positive by some critical gerontologists. Formosa's (2007) inside account of research with twenty-five participants attending the University of the Third Age in Malta is highly critical. He revealed skewed participation towards the 'young-old' with relatively higher levels of educational attainment and qualifications, from white collar occupations more interested in pursuing "high-brow" cultural activities (p.1). Taking a Bourdiesian perspective, Formosa concludes that:

“Attending the U3E is less than an actual example of ‘transformative education’ but more like another euphemism for glorified occupation therapy” (p.1).

The above discussion illustrates that what or how people should learn in later life is problematic. Much excludes significant learning taking place informally without

structured interventions. Thinking about the type of curriculum specifically suited to older people using social care is further problematical given their minority status and disenfranchisement from mainstream services (Chambers, 2004). Further, there is no simple mechanism for identifying the learning priorities of older service users who tend to be in touch with professionals whose primary concerns are generally not related to issues of learning. Looking closer at these relationships between older people, social care services and professionals merit further attention. This is now explored with reference to some of the wider themes associated with learning in relation to participation and involvement in later life.

### **3.5 Contributive and influence needs**

Notions of an information society, the knowledge economy and the learning society have emerged from increased globalisation. Public policy has emphasised the need for older people to be useful members or citizens to whom learning is directed both through education and the use of mass communication (Jarvis, 2009). However, as Jarvis asserts,

“..as the state has been subservient to the needs of the market, it has directed the educational system to respond to these market needs” (p.25).

McNair (2009, p.8) suggested that learning is essential for society to develop its “identity capital”. Developing and maintaining a sense of identity, self-confidence, control and engagement with others includes developing powers of creativity and reflection to provide a sense of purpose and meaning. Similarly as the numbers of people in the third and

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fourth age expand, it will be important to understand the learning needs of the voluntary labour market as well as to secure the transmission of knowledge and skills between generations to promote good intergenerational relationships (McNair, 2009).

As outlined earlier, ‘co-production’ defines the contribution of service users in policy terms (Needham and Carr, 2009). For social care it means involving older people in collaborative relationships to tackle issues together with more empowered frontline staff able and confident to share power and accept user expertise in developing appropriate support. Theorists in social work with older people (Scourfield, 2007; Lymbery, 2010) have criticised the underpinning consumerist, entrepreneurial assumptions that older people are expected to share more responsibility and manage more risk in return for much greater control over resources and decisions. Co-production requires highly effective channels of communication between users, practitioners, commissioners and service managers. Empirical research by Glendinning *et al*, (2006) using postal surveys and case studies in six localities, identified that those outcomes desired by older service users themselves are inconsistently related to the aims of services currently constituting the bulk of care provision. They found that services prioritise older people’s basic needs with least attention to keeping them active and sustaining social contacts. Earlier qualitative research by Qureshi and Henwood (2000) into what older people define as a ‘quality service’ identified that the commissioning of outcome-focused services for older people require a wider approach attending to leisure, learning and community cohesion where older people might be active participants and volunteers. Their recommendations stressed the importance of facilitating outcomes which address the *process* of

seeking, obtaining and using services as these enhance or undermine the impact of services overall. Outcomes on the process of obtaining and using a service included feeling valued and respected, and having an individual say or control over how services are provided. What these accounts did not acknowledge is that it is not only health and welfare services that play a part in older people's wellbeing but the effects of structural inequalities and material wellbeing.

Seeking to improve participation and involvement might be relevant to an alternative body of critical educational literature informed by historical materialist theory and socialist politics (Freire, 1972; Jarvis, 1992) and with which social work could engage, to enter debates about older people's learning as well as for their utility in their practice. These assert that adult learning, its provision and support should recognise the importance of informal, incidental and embedded learning occurring in settings such as families, communities and social movements. Social care environments play a significant part here. Achieving recognition requires the development of appropriate pedagogical solutions for policy makers, professionals enacting policy in social care practice environments as well as for service users themselves. Habermas's' (1984) and later Mezirow's' critically important distinction between instrumental and communicative learning is relevant. Mezirow utilised Habermas's third domain of emancipation which involved:

“..becoming critically aware of how and why the structure of psycho-cultural assumptions has come to constrain the way we see ourselves and our relationships, reconstituting the structure to permit a more inclusive and discriminating integration of



experience and acting upon these understandings”  
(Mezirow, 1981, p.5).

Educators and practitioners in the field might equip older people with the power of criticism and create opportunities for the development of critical consciousness for transformative action. Older people need opportunities to engage in processes wherein dominant social and political ideologies can be deconstructed. Mezirow (2009) more recently referred to emotional aspects of living, making reference to emotional intelligence and to understanding the cognitive domain of learning and different levels and forms of reflective activity. However, this assumes that professionals are themselves critically reflective. Within social work education and practice there are a number of mitigating cultures and tensions in encouraging mutual interaction between professionals and service users. These assert task focussed orientations in practice, with a dominant procedural culture where professionals seek to ‘fix things’ and a perception that professionals must remain ‘objective’. In their professional code of practice, social workers hold strong beliefs about not engaging in self-disclosure with service users (GSCC, 2000). These conditions not only directly discourage critical reflection, but may also actually create conditions that make it more difficult (Fook and Askeland, 2007). Nevertheless, empowerment-based practice within social work practice recognizes the importance of linking micro-educational and practice methodologies to theories of social change. If the development of critical consciousness within older people’s social movements is an important precursor to critical action where the self as a key site of politicization, different approaches will need to be developed and fostered. Adopting a learning and educational approach within social work practice could provide people

with scope to extend their understandings of themselves and the contexts from within which a more liberating approach to self-directed care and personalisation might be developed.

Critical educational gerontology, argues for a moral goal of learning in later life to develop alternative visions for democratic social change whereby older people are empowered to resist and overcome various forms of discrimination. According to Ferguson (2007), issues regarding social justice, human rights, citizenship and democracy central to empowerment practice in social work cannot be addressed within:

“..the restrictive language of markets, profit, individualism, competition and choice freely cited within the personalization mantra”. (p.400).

Formosa (2002, p.74) attempted to integrate critical geragogy within a praxeological epistemology, “as a continual reconstruction of thought and action in the living historical process of older persons”. Following a critique of the critical educational gerontological position, he cites seven principles for a “‘really’ praxeological geragogy”. These include; the embodiment of a political rationale; a commitment towards the transformation of the ageist world; disagreement that “any type of education” (p.73) empowers older persons; emphasis on facilitators taking sides with and committed to the position of older people; a reaching out to all distinct segments of older people; embracing a self-help culture and taking the role of a ‘progressive’ movement by engaging in “counter hegemonic activities” (Formosa, 2002, p.73). Embedding older people’s experiences within such a critical paradigm recognises the political nature of educational interventions. Learning is conceptualised as a collective and

negotiated enterprise to promote empowerment to give people greater control over their lives through ‘conscientisation’ (Freire, 1972), in accordance with the aims of social work. Making these links led me to question why the social care workforce has not embraced the concept and practice of self-directed care. This chapter concludes with an overview of some of the debates about personalisation and self-directed care so far, and considers whether the concept of a lifelong learning approach has anything to offer these developments.

### **3.6 Personalisation and social work practice with older people**

From a social work perspective Starkey (2003) has theorised competing discourses of empowerment in social work. These are the consumerist model, giving people choice within professionally defined services, the liberation model, concerned with the position of oppressed groups within society and the conceptualization of empowerment as professional practice (p.247). The latter refers to a process by which users gain control over and take responsibility for their lives mediated through methods used by professionals. Empowerment is not something professionals just ‘do’ to people, but is a reflexive activity or process initiated and sustained by others as well as by the subject themselves. It requires an appropriate climate, relationship, resources and procedural means through which people can enhance their own lives (Starkey, 2003). Core aspects of this model derive from both a value base concerned with social justice, self-determination and self-actualization, and a theory base, emphasizing the significance of power in social relationships. With older people, it highlights the nature of oppression and the personal and social costs of belonging to a potentially

disempowered group. Here lie some commonalities with critical educational gerontology.

Earlier discussion of social policy and professional social work referred to the standard tools derived from legislation and social policies used to assess needs and devise responses through which older individuals are defined as 'service users'. Grenier (2007) asserts that setting the terms of assessment or provision are important aspects of professional power privileging expert knowledge and seeking of information. Her discursive analysis of care relationships identifies that an important element of the professional–user relationship is the mystification and then dependence created on these assumptions. Prescriptive approaches to sharing knowledge with service users involve a one-way transmission from expert to lay person, with compliance confirming a traditional model of pedagogy. Organizational practices integrate the concept of 'empowerment' or 'involvement' into professional discourse, for example, through the verbal exchanges and written notes of the professional. The older person is thus objectified or classified in order to become eligible for services or support. Grenier (2007) highlights the negative underlying assumptions of powerlessness and the 'subjugated knowledge' of older people's social and emotional experiences, questioning how their lived experiences are taken into account or what precedence is given to these in professional practices. Grenier concludes that inherent powerlessness and the older person's own socially and emotionally defined experiences are subjugated in this dominant discourse, which, in turn, shapes the context of care by giving more weight to observable and functional notions of ill-health and decline. Knowledge is used as a potential means of social control, imposing professional

values and perspectives on society, what Jarvis (1992) has termed as education from above.

As social life has become increasingly monetarised, commodified and bureaucratised, for example, in the increasing use of performance criteria and league tables, both the practice of social work and education as communicational disciplines have been undermined. By offering bureaucratised interventions to those in need, earlier traditions of care such as those found in communities are eroded with the loss of informal networks. The system also uses social welfare as a protective mechanism to ward off discontent in the lifeworld for example in relation to economic crisis (such as growth of the older population and rising costs of care). Habermas (1984) suggests that it is important to protect the autonomy of the lifeworld by building up restraining barriers for the exchanges between it and the system and by building in more opportunities for exchanges. One of these might be experts or professionals carrying out the systems functions. These are imbued with technical consciousness by following and applying procedures and checklists, adhering to performance indicators, and implementing eligibility criteria. Criticisms of social policies outlined in chapter two highlighted the relevance of approaching issues from the standpoint of communicative action where face to face exchange such as through the deployment of learning and facilitating learning with older people. These methods could be prioritised in order to disseminate and share ideas about personalisation.

What might the introduction of DPs and IBs offer for both social work and older people to achieving its aspirations and in moving away from the above criticisms? Some research studies (Leece, 2003; Glasby and Littlechild, 2009;

Glendinning *et al*, 2009) have detailed largely positive messages from service users about the increased control and flexibility that DPs and IBs bring. Direct Payment legislation followed relentless pressure for reform from a user led campaign in the disability movement (Robson *et al*, 2003). Difficulties and barriers to implementation have occurred where social workers experienced conflict between their legal obligation to ration access to DPs and their ethical obligations to value self-determination and empowerment based on a more transparent and even handed relationship.

These tensions are heightened by the impact of managerialism in care particularly the construction of detailed eligibility criteria based on functional and financial definitions of independence rather than on autonomy and participation. Street-level bureaucracy has limited many anticipated benefits of DPs making it more of an instrumental shift than a cultural one.

Secondly, the motivation for introducing IBs whilst supported by the independent living movement (Duffy, 2006) has been viewed sceptically. Their potential to improve service users' choice and control has been combined with interest in how IBs might lead to cost savings or at the very least make scarce resources go further. Debates have centred on conflicts between the desire to promote citizenship and independence on the one hand and to roll back the boundaries of the state on the other (Ferguson, 2007; Lymberly, 2010). In 2008, the evaluation of a two year pilot of IBs in thirteen national sites demonstrated lack of clarity and confusion over the different approaches being tested resulting in a series of small-scale bureaucratic funding sources which did not tackle systemic issues (Glendinning *et al* 2008). Further criticism (Ferguson, 2007; Lymberly, 2010) focused on

personalisation's failure to engage with the effects of structural inequalities, their potential undermining of community collective provision and in transferring risk from the state to individual service users under the lure of placing cost cutting ceilings on care provision. The evaluation of the national pilots demonstrated that older people reported lower psychological well-being with IBs, perhaps because they felt that process of planning and managing their own support burdensome.

There are complexities to consider and barriers to overcome when implementing self-directed support with older people using social care. Some messages from research, policy and practice so far suggest that with the right approach, self-directed support and IBs can work. Co-production with service users however, requires interdependence and reclaiming of social work skills, knowledge and resources with the reassertion and revaluing of relationship-based practice traditionally co-located within community social work. How social workers and older people achieve change perhaps requires more explicit and conscious questioning of what might help. Based on the literature review, my hunch was that this may require different approaches combining the practice wisdom of frontline staff, managers and the lived experiences of people using services. Emphasis on learning and sharing experiences for example might well offer a positive model for the future in which older people become more active. Within a managerialist regime, it is easy for user involvement initiatives to become service-led, action-orientated and instrumentalized (Carr, 2007). The literature demonstrates that despite policy rhetoric, there are grounds for scepticism for the way learning is actually recognized, valued and promoted in current services to older people. This need for clarification and revision is outlined in Habermas's

belief in the need for a discourse that leads to a consensus (1987). In suggesting specific, ideal conditions for human discourse Habermas provides an epistemological foundation for defining optimal conditions for adult learning and education. These conditions also provide a foundation for social commitment within adult learning to work towards a society that fosters these ideals such as one in which an older person has more control over their lives in real terms. Habermas ideal discourse distinguishes between rationality, a hyper-objective approach and reason, which is more pragmatic and a socially balanced approach which relies on the use of evidence and public debate. Being able to identify the physical, social or personal reality of personalisation were ideas that I found relevant to themes emerging from both the policy and literature review. They call for shifts in the behaviour of professionals delivering services to older people, and the ‘development and strengthening of collective organisation both amongst those who use services and amongst those who provide them’ (Ferguson, 2007, p. 401).

In summary, theories of learning in later life seek to utilize learning activities in providing solutions for successful ageing, and a basis on which one might develop suitable social work interventions. Realizing the transformative potential of learning for older people and fully exploring connections between life-long learning with concepts of independence and empowerment, and as a tool by which users can negotiate their needs for improved care and support; one could build on some of the examples discussed so far. Habermas argues for a remedy through the establishment of opportunities for open, public discourse about society’s problems. Creating spaces for communicative action in which stakeholders with multiple points of view come together for an honest exchange of



evidence and debate appears to be indicated in the complex themes emerging. In relation to this study, there needs to be intersubjectivity, an understanding of the different points of view in order to arrive at consensus and agreed course of action to promote older people's participation and genuine involvement in their own social care. Whilst critiques of Habermas (Fraser, 1990) have highlighted inadequate attention to emotion, desires and the unconscious, many aspects of Habermas's theory were found helpful in the overall design and interpretation of the study.

### **3.7 Critical reflections**

Dressman (2008) suggests the use of social theory within educational research as a foundational premise, as a focusing lens, a narrative or dialectical scaffold (p.67-75). Given the themes above, I argue that older people's learning needs could be analysed from a more critical paradigm in which disparities in participation can be explored in the context of a range of social and material conditions which affect them. It is envisaged that research questions three and four facilitate exploration of these. This chapter identified key theoretical approaches to learning in later life in which the voices of older people, particularly those using social care services, are insufficiently reflected upon within empirical research. Learning in later life is a complex area which has been extensively theorised in its different forms and purposes. I have attempted to identify here the limitations of the literature directly applicable to older people using social care particularly in relation to the challenges facing them as an individual or group in society in the way they are now expected to interact with professionals and care providers. Habermas terms this predisposition and ability as 'communicative competence' (1984, p.319-321). It would

appear from the policy directives evaluated in chapter two that rhetorical activity within policies around the capacity of older people to direct their own care, when contrasted with findings from some of the studies cited in this chapter, do not support such a positive or progressive picture on the ground. Habermas offers a perspective on the use of rhetorical activity and in his theory of communicative action, nearly every form of extended language use, spoken or written offers a way of remedying the deficit. I chose to draw on his theories as they contribute insights into the way older peoples experience is structured and to the re-framing of practice with older people to establish a more ethical relationship, democratic communication and participative citizenship. These ideas appear to find expression in the government's policies such as *Putting People First* (HMG, 2007) and the drive towards self-directed care, personalisation and IBs. This is conceived as positioning older people in the forefront of assessment and planning and to maximise control whilst restraining inflexible bureaucracy.

Evaluation of the literature so far, guided my decision to use methods that incorporated the voices of service users themselves, which have been relatively absent from debates on personalisation. As Habermas asserts (1984), by wanting to make sense of what others have said and to be understood ourselves, we develop through our exchanges a normative presumption which;

“..appear in their domains of validity with the claim to express, in relation to some matter, an interest *common* to all those affected and thus to deserve *general* recognition” (p.19, his italics added).

Through negative experiences however, we also begin to develop tacit criteria and practices for determining when a speaker's reasoning is flawed or deceptive or more 'strategic'. These ideas resonate with earlier discussion of the policy context and the subsequent literature cited in this chapter. Habermas indicates that strategic action is not aimed towards intersubjective understanding but towards self-interested goals. He provides a powerful analytical tool for examining, for example, the logic of policy statements about educational or social programmes and practices for testing whether decisions made about their implementation are warranted just by the reasons and evidence provided by policy makers in support. In short, the ideas of Habermas and the concept of transformational learning articulated by Mezirow, may help to consider how the framework for relationships within social work and social care with older people might be restored. The everyday lifeworld of negotiated and often implicit meanings that older people draw upon to make sense of their social worlds contrasts with the systems political, economic and welfare-oriented spheres of state activity. These interactions exist at the informal level of everyday relationships or in the institutional sphere of prescribed roles. Learning is one of the vehicles that might facilitate these interactions at this level. In the following chapter I explain how I tried to engage with these two spheres in the research design.

## **Chapter four: Methodology**

### **4.1 Introduction**

Building on discussion of the literature and theoretical paradigms informing the research, this chapter considers the philosophical considerations underpinning its design and rationale for selecting particular methods. Issues of epistemology and ontology are discussed particularly the potential tensions arising in operationalising key concepts within the study. I describe the rationale, methods and research tools developed for undertaking the documentary analysis and individual interviews with older people. This latter discussion lays the ground for the following chapters which provide a detailed account of the actual process of data collection and its analysis.

### **4.2 Epistemology and ontology**

The methodology and my epistemological and ontological positions were informed by two traditions of inquiry. Firstly, there is an iterative (hermeneutic) approach underpinned by phenomenology, concerned with studying, understanding and interpreting phenomena such as different types of learning, relationships between older people, professionals, and their institutions and the societal structures that support these. Secondly, there is an investigative (semiotic) approach to inquiry, influenced by critical realism, which embraces phenomenology, but also recognises the contribution of interpretative approaches and meaning making. These are embedded in the framing of the research questions reiterated below:

1. What discourses within public policy formulation are present on the participation, involvement and lifelong learning of older people using social care services? Do these affect their everyday realities?
2. What is the relevance of lifelong learning within the government's 'transformation' agenda for older people's services in relation to promoting self-directed care?
3. How do older people experience opportunities for participation, involvement and learning in light of recent policy changes?
4. How effective is the process of accessing and personalising social care services for older people and how are their interests being served?

Research within education and social care tends not to be examined from a purely objective standpoint. It is inevitable that my own views and values will have an influence on what is seen. The reality of older people's lifeworld when using social care services cannot be fully appreciated without choosing methods which look at the 'problem' or 'issue' from the perspective of its key actors. I needed to step back in order to explore and reappraise my own and others accepted values and beliefs about the topics. I approached these from a paradigm of critical enquiry where many of the concepts being investigated appeared to have a political dimension as well as cultural, social, affective and cognitive ones. Some of the conceptual definitions explored so far are likely to be constructed by the views and perspectives, meanings and critical realism that the research participants bring during the research process as well as by its context. The epistemological implications of critical realism are that it

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conceives of knowledge as the result of the impact that political and social forces have on institutions and individuals. This knowledge is expressed through the language and experiences of the individuals constituting these institutions. Ontologically therefore, according to Fay (1987), critical realism questions the dominant social order and seeks to investigate dominant expressions of power with a view to seeking an understanding of the dynamic relationship between meaning, power, identity and subject positions. It also endeavours to expose where people are positioned within the hierarchy of social structure. Critically, positions may arise from the lifeworld of older people and be based on communicative action. Hence a key consideration was to develop a method for eliciting data from older people on their lived experiences in relation to the realities of participation and involvement in social care, and how, in their views lifelong learning could act as a mechanism for empowerment and self-directed support. In the words of Mason (1996, p.39) these are “meaningful properties of social reality”.

The prospective role of social theory in the production of general educational knowledge is bound up in the discourses of multiple binaries or naturalised oppositions governing the politics of social science and educational research (Dressman, 2008, p.147). Taking a Habermasian perspective and perspectives of other social theorists is not about picking social theories to organise research around them. Gathering evidence and researching to make an argument about what is, and what could be, led me to select methods which treat older people’s learning as an inherently social phenomenon. This is embedded within a broad network of language, discourse, meaning and practice that must be taken into account and accounted for at each stage of the project. In a Habermasian

scenario for example, a good argument is one, which is validated within a forum that allows for open inspection and questioning of reasoning processes from a variety of perspectives. Dressman (2008) reminds us that the criterion by which an argument's validity is judged depends on whether the argument is about an issue that is physical/objective, normative/evaluative, or subjective in its orientation. In the case of this study like other educational research, this involved coordinating criteria about the existence of a phenomenon, i.e. the learning of older people; and the accuracy of its described relations (physical/objective). The conceptualisation and interpretations of the issue's social implications (normative/evaluative) i.e. the level of participation, involvement or empowerment within care services, relies on a sound and transparent reasoning process so that progress can be made. Dressman's central argument that "data never speak for themselves" because "research is a rhetorical activity" (2008, p.77) highlighted for me how one must think more openly about how arguments are made and to acknowledge and make explicit the assumptions or theories that warrant interpretations of the data. Utilising social theory for the production of knowledge about educational phenomena within social care settings may also contribute to the development of different perspectives. Making space for further debate in these two arenas might also generate more multi-level dialogues on the organisational and institutional structures that support learning, and the way they shape the older persons experience as well as the lifeworld of older service users and their different identities within it.

### 4.3 The value of the study

The phenomena being investigated here can be studied and interpreted in many different ways. There were few abstract objects suitable for positivist research due to the nature of the topic and potential intersubjectivity between the people involved and the environment within which they are being studied. To answer the research questions, I needed to generate data which could answer questions about how older people and those they are in contact with might construct meanings about their day to day practices and experiences. This meant not ruling out different sources of knowledge and taking methodological risks both in choosing the questions to ask and the forms of knowing. Where outcomes of an approach may not always be generalisable, it still facilitates understanding. Within the paradigm of this study, critical and social constructivists' accounts were drawn on, given that the concepts being explored are potentially underpinned and related to discourses about power in society. The intention was to identify both policy and practice solutions in tune with contemporary debates emanating from the literature review. The role and experiences of older people in society and the changing legislative and policy landscape have been proposed by the government as a means of transforming practice in order to combat inequality and promote social inclusion. The study sought to establish whether learning is a meaningful concept within this agenda. Therefore the identification of learning and its manifestations in both policy and practice underpinned the design of the two methods of inquiry chosen.



#### **4.4 Reflexivity during the research process**

The process of working with qualitative data in a way that takes account of its interpersonal, social and institutional context provides an opportunity for reflexive research practice. Indeed, this became quite an issue during my pilot documentary analysis leading to a radical revision of the whole procedure. Reflexivity is not confined to theoretical perspectives but is present in emotional responses to respondents, and how the research process was documented (see chapters five and seven). The interpersonal and institutional contexts of research as well as ontological and epistemological assumptions embedded within data analysis methods and how they are used, can also deeply influence research processes and outcomes (Hammersley, 2003). They are important aspects of researching in education and social care. My background in these disciplines gave me some predefined ideas or hunches about the research topics and insider knowledge from both fields. To be reflexive requires finding practical methods to address this within the research process and to keep boundaries clear. I kept brief notes about and throughout the process to aid transparency and to explain choices made. These notes aided me in capturing thoughts ‘in the moment’ and provided a source of ongoing dialogue between myself and the data as the themes developed.

#### **4.5 Study design and methods chosen**

Methodology, methods for data collection, and data analysis, must be capable of addressing the research questions and in reconciling multiple positions in order to justify any claims in the most explicit way possible. I chose methods strongly associated with the social rather than the physical sciences as outlined earlier. Underlying this choice are epistemological

claims which do not aim to claim to capture the absolute truth or reality (Cohen *et al*, 2007). Qualitative research offers an interpretation or version which is inevitably partial or situated (Taylor, 2001). However, the presentation of claims and their justification must be made as systematically as possible within the conceptual structure of theoretical problem with which the research is concerned. Investigating the meaning and significance of formal, informal, structured and unstructured learning to older people in the process of using care services, and whether this can facilitate their empowerment and participation, proved a complex phenomenon to investigate. This involved gathering a diversity of viewpoints and experiences of older people themselves and comparing these with those espoused in government policy. One option was to use a biographical approach. Whilst aspects of the biographical narrative of older people are useful for gaining understanding and insights about their learning experiences in relation to the life course and other extrinsic and intrinsic factors, I was more interested in the holistic-content of the interviews and viewing these as a whole. This allowed me to explore the discourse or voices within the older person's 'story' and where they positioned themselves in relation to current policy. Biography was addressed in the first interview question for contextualisation. The rationale for collecting data directly from older people using social care predicated on how they construct meanings about their everyday learning experiences and practices. It facilitated oscillation between testing emergent theories such as those in policy and then collecting data not to substantiate or refute but iteratively, to search for a richer meaning (Bryman, 2001).

The timing of the research, for example, coincided with publication of the early implementation of personalisation

and informal learning in care settings (DH, 2008, DIUS, 2009). Operationalising the complexity of a term such as ‘learning’ and ‘personalisation’ as the literature review revealed, was nonetheless very challenging. Being upfront about the theoretical and empirical field within which the research was undertaken revealed that most of it is associated with professional position and multi-disciplinary interests. This was not considered negative as Silverman (2000) talks about unhelpful “simplistic inductivism” (p.63-64) and having a good sense of the substantive issues that the research topic involves, what it builds on, and what it adds to previous research. Methods were chosen for their inductive qualities to explore current theories about learning. I was enquiring into a particular group of people in a discipline where interaction between lifelong learning policies and social care appeared to be under theorised. A representative group of participants were needed for examples of how learning is specifically conceptualised or present (or not). This also involved trying to discover whether learning is recognised or acted upon in order to make exploratory connections between what has been formally discussed in the literature review or broader political and socio-economic context.

Exploring the micro-politics of how policies are interacted with at a local level however allowed for critical realism; i.e. the behaviour and consciousness of older people themselves, and their sense of agency, the literature about identity and ageing, and other social-economic factors which mediate attitudes towards learning and ability to capitalise on this as well as the diversity involved. For older people, this included thinking about the physical, cognitive and emotional impact of growing older on their capacity to learn, for example, multiple bereavements or loss, physical or mental disabilities.

Using loosely semi-structured questions via a topic guide enabled me to cover these issues purposefully. Unlike biographical techniques, I interviewed participants systematically, keeping interactions focussed as well as modifying content over time to focus attention on areas of emerging importance. Deductive approaches to gathering and analysing data would assume that lifelong learning is a taken for granted feature of using social care services as implied within the public policies. Some elements of a deductive approach to the design were utilised by seeking to define features further, for example, by specifying what types of learning take place, its purpose and impact. Therefore there was an inevitable mix of the two approaches within the design of the tool for individual interviews and the way in which I approached the data.

#### **4.6 Research methods**

I adopted a two tiered approach utilising qualitative research methods and interaction based methods of social inquiry to help understand and create meaning during the research process. This resulted in:

1. Documentary analysis of four specific government public policies seen as relevant to the research topic:
2. Individual in-depth semi-structured interviews using a broad topic guide with twenty older people using social care services.

This design facilitated rigour in relation to validity and reliability by exploring both tensions and areas of congruence within and between these two sources (Robson, 2002). One disadvantage was that sample sizes in studies such as mine may not be sufficiently representative or account for diversity

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of viewpoints. However from a theoretical perspective it did address a more comprehensive approach to the concept of older service users learning.

#### **4.7 Documentary analysis**

Alongside primary ‘practice’ data obtained by individual interviews, policy documents provided a different account of the theory-practice relationship and potential for deliberation within the research on how these different ‘texts’ provide a context for action given that they are characterised by authoritative and political rhetoric. Review of the policy context demonstrated, that over time, there has been a convergence in the policy intentions that transposes underlying ideological concerns. Such convergence has given rise to rhetoric characterised in policy documents that from a practice perspective appeared to give rise to tensions in day-to-day reality. This was illustrated in the literature review concerning contemporary practice with older people in social care and anecdotally (see chapter one). Choosing documentary analysis challenges the assertion that it is possible to ‘create’ a culture through the adoption of an ‘outside-in’ approach to examine the achievement of policy objectives through practice. The ‘inside-out’ approach where service users experiences provided a second step in exploring these tensions further.

Scott (2000) refers to critically examining the evidential base and ideological position of public policy documents. This meta-knowledge is at the core of educational literacy and ability to make reasoned judgements within the investigative process (p.3). Government policy documents as secondary sources of data were viewed alongside relevant commentaries from other sources where appropriate. These ‘texts’ were

treated as socially situated products (Scott, 2000, p.34) and objects for analysis as an adjunct to primary sources of data within the parameters of this study.

The process of documentary analysis involved positioning myself within any discursive structures emanating from public policy texts in order to demystify the process of knowledge development and to examine critically how these interacted with practices within older people's social care services and/or how these are constructed. Freire (1972) describes this as encouraging conscious objectification of one's own and other's actions through investigation, contemplation and comment (p.30). Fairclough (1989) suggests three types of constraints on the readers of policy texts; the way in which social relations are inscribed, past and future actions implied within policies, and how readers are encouraged to accept these as subjects or 'normal' positions of those involved, thus suppressing the ideological element. Juxtaposition of policy texts alongside primary data lent itself to fuller discussion not least through the reflection of older people themselves, via individual interviews as potential recipients of policy implementation.

Scott (2000) recommends reading policy by referring to rules for example, dimensions, time, audience, purpose, ideological framework, media, inter-textuality, history, knowledge or representation and resources (p.8). Trowler (2002) sees policy as more than just a text in its own right and which provides a site of conflict and complexity. I acknowledge that this is far from neutral or value free as policy has its own value base which can influence the nature of the research.

Evans (2003) framework of the different levels at which policy is 'espoused', 'enacted' and 'experienced', is useful when approaching the task and thinking about purpose. Evans implies that policy becomes fractured into different layers as well as integrated at the horizontal or vertical level thus complicating matters further for different interest groups and setting up tension between the rhetoric and realities. Analysis of 'espousal' within policies should complement research methods used to generate qualitative data from older people themselves, through the lens in which it is subsequently 'enacted' and 'experienced'. Examination from different sources can provide a tentative response to the research question and basis for comparison with other commentaries on the learning, involvement and participation of older people themselves in order to assess the implications for policy coherence and practice implementation. Expanding understanding of the cultural, contextual and political dimensions of policies facilitated exploration of what associations and particular tensions, if any, are being made between learning and the transformation of services; a policy aim in which older people are being required to direct their own care.

In the case of espoused policy, Foucault's notion of governmentality (1991) permits a focus on relations of power, not acknowledged in everyday policy making and practice but central to looking for any pattern or order within society particularly concerning relations between those who might influence or steer them in some way. This displacement of our normal notion of 'government' forces us to examine power in a way that emphasises its relational and discursive aspects, and to observe the complexity of the conduct of government (Foucault, 1991). Governmentality involves creating institutions which provide structure and

influence to shape society. Resonance of this idea in the study was explored to permits reflection on the control that government seeks to exert over those governed. Governmentality is explicit about the importance of little things in the operation of power and was used to reflect on the discourses within the layers of policy operationalisation. This highlights the importance of ways in which microcosms of power act to marginalise some groups and exclude others and has been cited as a feature of espoused policy

“A future orientation based on analysis of wider issues, structural changes and trends is also needed, bringing evidence to bear on educational reform prospects, possibilities and urgencies. The links and loops between ‘policy-as-espoused’, ‘policy-as-enacted’ and ‘policy-as-experienced’ need uncovering, as do the assumptions and structures which shape them and the experiences of those whose lives they affect” (Evans, 2003, p.420).

Policy experienced by and about older people reflects the nature of relationships between the government and themselves. As indicated in the literature review Foucault’s concepts have something to say about the role of the state in managing these relationships and in allocating resources.

Documentary analysis built on the literature review of the policy context in which theories about participation, involvement and learning for older people using social care services were critically reviewed. It was surmised that lifelong learning has not been a uniform or unitary theme within UK public policy and has been criticised for its strong economic focus as well as more subordinate personal and democratic functions (see McNair, 2009). Likewise the



concept of social exclusion and one of its proposed solutions; the ‘transformation’ (DH, 2008) of services for older people encompasses several disparate themes. A more detailed analysis of the different but relevant policies aimed to encourage thinking on how well these themes fit or do not fit together as part of a systematic approach to promoting the participation, involvement and learning of a particular group of older people who are perhaps not always at the forefront of policy.

The policy analysis aimed to re-appraise the social, political, economic and cultural value given by policy-makers in providing a coherent strategic framework, which acknowledges the potential of learning as a vehicle or benefit to transforming services, in particular, the policy aim of increasing self-directed and more personalised care. The documentary analysis also builds on Habermas’s analyses of the exchange between the life world and system and the need to restore balance between these two spheres (1981). These offered theoretical concepts for investigating the nature and practice of government in a discursive way. For Habermas there is a dilemma where the balance has been tipped towards the system (1987) for example where issues facing ageing are seen to take a strategic form of action such as in government consultations and policies seeking to introduce new ways of working. The exercise of power is rationalised in the space in which the problem for government is identified and solutions proposed. Looking at government policy alongside data capturing older peoples’ own experiences was also thought to offer an analytical framework of agency versus structure within contemporary social theory. Habermas’s chief construct of communicative action (1981) was the main tool for evaluating the interpretation and analysis of the different sources of data using the concept of two spheres of social

reproduction, the lifeworld and the system. One of the ‘hunches’ emerging from the literature review is that Habermas’ ideas could provide a framework for considering how to establish ethical communication and reflective processes within services for older people by utilising learning within the move towards personalisation and self-directed care at different levels.

Documentary analysis is described as an “unobtrusive measure” in research (Robson, 2002, p.269) where policy documents are treated as artefacts or bounded physical representation of a body of information about what the UK government is communicating to its readers. Policy documents provide diagrammatic, sensory and visual representation of a culture, in a specific time in a specific context. Policies were examined using content analysis via an indirect method. ‘Indirect’ refers to using something for the purpose of enquiry but not specifically produced for that purpose. ‘Unobtrusive’ implies that the nature of the document will not be affected by its use for the nature of enquiry. By using content analysis I aimed to make replicable and valid inferences from the data to its context thus stressing the relationship between content and context.

“This context includes the purpose of the document as well as institutional, social and cultural aspects. It also emphasises that reliability and validity are central concerns in content analysis” (Robson, 2002, p.272),

As well as analysing the content I looked at other issues for example, the authors’ intentions; selection and evaluation of evidence offered. Content analysis is akin to structured observation adopting similar principles used in the analysis of

qualitative interview data with older people. Sampling and the strategy used for analysis is described in the following chapter.

#### **4.8 In-depth interviews with older people**

“Interviewing is the central resource through which contemporary social science (and society) engages with the issues that concern it” (Rapley, 2001, p.303-304).

Interviews with older people utilised open ended, conversational type questions to encourage respondents to emphasise what they think and feel. Questions were designed to create a “communicative performance” or event with the older person like a “conversational research journey” (Miller and Crabtree 2004, p.188), in which aspects of their life were captured and recorded. Ethnographical narrative is often used by researchers working from the interpretive tradition with the intent of understanding social meaning as inseparable from its construction and application in the social world (Hesse-Biber and Leavy, 2004, p.135). Individual in-depth interviews facilitated checking of the integrity of, or extent of inferences drawn from the policy data particularly comparison of different accounts.

A topic guide was developed (see Appendix 4.a) drawing broadly on McClusky’s (1974) five levels of learning need explained in chapters one (p.13-14). This provided a loose framework of coherent areas to explore. A topic guide acts like an agenda or aid-memoire ensuring that relevant issues are covered with some uniformity. Drawing on Smith’s (1995) guidelines for semi-structured interviewing, a warm up question allowed participants to explore the topic in an individual way followed by open ended or specific questions

or prompts to encourage discussion or clarification. Integral was the skill in devising questions which are unbiased rather than value-laden, to enable the interviewee to speak about the topic without being led by the researcher (Smith, 1995, p.13-15). This required several attempts at pitching questions at the right level drawing on the outcomes of the pilot study (discussed further in chapter seven).

Sampling was purposive and non-probabilistic by identifying a group of people possessing characteristics or living in circumstances relevant to the phenomenon being studied. The main inclusion criterion was that they were an 'older person', 'using social care services', from different backgrounds if possible. As an unfunded study, it was inevitably pragmatic in its extent. Purposive sampling meant engaging with inevitable 'gatekeepers' (i.e. social care organisations who can assist in identifying potential participants) and acknowledging the ethical requirements to answer and respond to access needs. Achieving a cross selection of participants based on gender, race, religion, culture, or lifestyle, meant approaching a diverse range of organisations and groups. Issues regarding my success in this are discussed in chapter seven. Themes emerging from the literature revealed the potential marginalisation and poor accessibility to this group of potential participants so the challenge was to encourage their participation.

Permission was sought to use a voice recording device to facilitate my full attention during the process of data collection and to obtain a full record for detailed analysis after the event. Potter and Wetherall (1987) stress the importance of having a transcription of the entire interview, including both the input of the interviewer and the participant and enhancing a transcript by the inclusion of significant

events within the interview, such as pauses, errors, volume and emphasis. These aid the researchers understanding of how the interaction between interviewer and participant has influenced and impacted upon its content. Making notes on the topic guide to capture insights and ideas immediately after and between interviews enabled me to refine any concepts being explored or to record observations, feelings arising during the process, which cannot be located in transcriptions. Whilst not part of my data, these helped in the review of findings to help consider decisions made.

Content analysis formed the overall approach to both sources of by looking at the texts and describing patterns, linkages and then any plausible explanations through inductive analysis as well as rival or competing themes and explanations (Robson, 2002). Because of the volume of data, I used the qualitative data analysis software package Nvivo to help manage and organise data in a methodical way. Having a framework to manage data helped me also to look at it in different ways or thinking about other possibilities of combining the data that might lead to different findings which could then be supported. This is not always about one explanation or the other but contrary explanations can generate fresh thinking about data or the underpinning concepts on which to weigh up evidence and looking for the best fit between the data and its analysis. Fuller discussion of this process is discussed in the following chapters.

#### **4.9 Ethical issues**

Ethical approval was granted by London South Bank University Research Ethics Committee in 2007 and in the participating Local Authority in 2009. BERA guidelines and research governance guidelines in social care (DH, 2005a)

emphasise four key ethical aspects in the research process; protecting the interests of participants; gaining informed consent; assuring anonymity throughout the process and; conducting myself in a way that promotes dignity and respect for all participants. The research fell within a private sphere, by asking people to discuss deeply personal experiences and considering issues such as disability, access and mental capacity. Intensive interviewing was avoided and unobtrusive approaches considered. Reflection and reflexivity to anticipate any reactions I might encounter in working with intimate data provided an opportunity to debrief and acknowledge power arising through the process. Accommodating participants as far as possible by meeting with them at home in private, ensured confidentiality and I avoided disruption to services by being clear about the time and commitment involved. More detail on issues encountered during the process of data collection from older people is discussed in chapter seven.

Voluntary and written consent was obtained. Participants were offered a summary of the findings on completion. Participants were given the opportunity to withdraw at any time for any reason and reminded of their rights to do without duress or coercion. All data was anonymised at the point of transcription and stored electronically protected by a username and password to comply with the Data Protection Act (1998). A £10 gift voucher was offered to older participants in recognition of the time given.

#### **4.10 Chapter summary**

This chapter outlined the different aspects of the research study design and discussed some of the complex issues involved in operationalising its key concepts. It makes

reference to the relevant research methods literature which provided guidance for maximising a more transparent enquiry. Certain decisions were taken with reference to the conceptual and theoretical framework adopted for the study. The relationships between the study design, theory and data collection were iterative, with intention that they should inform and be informed by each other in a continuous process. Resource constraints and negotiation for access to participants was also considered. Any decisions taken would inevitably impact on the subsequent analysis and interpretation of the data. I have tried to be transparent about the different stages involved and to justify decisions about the two methods chosen. The following chapters outline the actual research process, the analysis undertaken and present the findings from each method during which I pick up on some of their inevitable strengths and weaknesses.

## **Chapter five: Documentary analysis**

### **5.1 Introduction**

This chapter gives a detailed account of methods used in the documentary analysis, including sampling technique, concepts and tools used in the data analysis. It concludes with a reflection on the effectiveness of the approach before presenting the findings in chapter six. Analysis of the data involved thinking creatively and being able to develop insights and conceptual capabilities as well as technical abilities to ensure reliability, credibility and rigour where possible as well as answering my key research questions. Qualitative analysis depends on systematic preparation of data to facilitate a methodical approach.

### **5.2 Developing a research tool**

The first challenge was selection of the most appropriate and relevant government policies. Chapter two identified a plethora of government policies impacting on older people within three areas; education, social inclusion and social policy. All of these had a different as well as common focus. I was particularly interested in how the specific issues affecting older people using social care services were reflected in policies from different disciplines such as the community and voluntary sector, education providers and those concerned with older people's health needs. Two primary considerations justify the subsequent selection of four policies for more detailed analysis. Firstly, the literature review identified a paradigmatic shift in public policies from the era of 'modernization' with key themes central to policy making through New Labours' 'modernising' project. These may be seen as a product of wider socio-economic and neo-Trish Hafford-Letchfield



liberal agendas and ideological underpinnings. Given my interest in the policy direction of a citizen focussed approach to public services and promotion of user participation as an aspirational shifting of roles and responsibilities from professionals as ‘experts’ to users with ‘expertise’; only policies dating from this era (from 1997) were included.

A key criterion was policies relevant to my professional field referred to in the social work curriculum and practicum. It was important to prioritise those policies within social work which were explicitly concerned with reforms associated with self-directed care and transformation of services.

Secondly, the multidisciplinary of the research area and different policies potentially contributing to consideration of the phenomena of learning in older people using social care indicated a more enriching focus than social policies alone. As the language of social policy has been imported across a number of disciplines such as education and social inclusion and vice versa, I considered policies whose aims and parameters concern themselves more widely than with the structure and operation of services to older people and older people using social care. For example, during the period of research the Government launched a consultation on informal adult learning (DIUS, 2008) resulting in the White Paper ‘*The Learning Revolution*’ (DIUS, 2009). The consultation was explicit in its interest of how decisions about learning opportunities could be placed in the hands of local people and communities. I was interested to find out how older people were seen as part of this vision, particularly given its frequent reference to the perceived benefits of strong local partnerships and joined-up strategies. These seemed essential to shaping community participation, cohesion and well-being.

Whilst this document addressed adult learning needs per se, rather than those aimed specifically at older people, I found it pertinent to include it given that the development of a policy on informal learning was running alongside the transformational process within social policy. Social policies, for example, had made some references to the importance of working alongside the educational sector. I also wanted to find out to what extent *The Learning Revolution* (DIUS, 2009) addressed older people using social care services given that some of the literature on lifelong learning had been largely silent on their participation up until now.

The policies I selected had to have major significance for future direction and provision of services to older people, particularly those which most represented the paradigm shift towards personalisation away from expert discourse. One of its aims was to:

“..better connect public, private, voluntary and self organised activity and to consider innovative ways of using public investment to support this diverse landscape” (DIUS, 2009, p.1).

These paradigmatic assumptions resonate with Habermasian imperatives to engineer opportunities towards deliberative democracy and I thought it relevant to examine policies for evidence in this regard. The content of the policies selected were all explicitly interdisciplinary in nature involving a number of partners coming together to addressing older people's issues. Finally, there was a limitation to how many policies could be meaningfully examined within the parameters of this study.

To ensure a systematic approach, I initially made a table of all the relevant public policies for potential selection (see Appendix 5a). Seventeen met the broad criteria for inclusion (outlined in the précis of each document in column 2 of Appendix 5a, and for each, the potential relevance to the research is outlined in column 3.) Following further scrutiny, four policies deemed most relevant to the research questions were selected for their content in relation to ‘learning’ ‘personalisation or self-directed care’, ‘participation’ and ‘user involvement’ and ‘social inclusion’. For example, *Opportunity Age* (DWP, 2005) was the first comprehensive government document to set out a strategy for an ageing society and aims to engage a number of different sectors in promoting social inclusion for older people. This is a broader document issued from a social inclusion policy strand and was relevant in establishing the vision for how different sectors including social care and education might work together. By retaining a focus on the practice context of social care, these four documents together were thought to provide a source of secondary data capable of answering research questions one and two. There is of course a source of bias in the selection of policy documents. Any working definition of ‘policy’ involves a privileging of official governing bodies, which legitimise the representations of older people’s needs and interests as well as those of the public. In terms of consistency, all four documents were Government White Papers representing a variety of government departmental sources of policy over a four year period, i.e. close enough to represent a particular ‘era’ or period of policy making. This enabled the phenomena of learning and social care to be examined from different perspectives and captured the initial period in which self-directed and personalised care were first mentioned in policy circles.

### 5.3 The four policy documents selected

These are described in order of date of publication:

**1. Department of Work and Pensions (2005) *Opportunity Age: Meeting the challenges of ageing in the 21st century*.**

This set out the governments' first major cross cutting strategy for developing policies and principles within public services to meet the challenges of an increasing ageing population. It states three main aims; to end the perception of older people as dependent; to ensure that longer life is healthy and fulfilling and; to ensure that older people are full participants in society. The government announced a refreshment of this strategy in 2008 and reviewed performance to track the success of the strategy. One of the performance indicators specifically concerned older people's participation in learning alongside other indicators concerning involvement in support and care. There are five chapters. The first two discuss the changes envisage and the topic of age and the workforce. These were discarded as not being directly relevant. The second two were concerned with active ageing and services that promote well-being and independence. These were selected as the most relevant comprising 14,677 words. The last chapter about how services would be delivered was also included.

**2. HM Government and Department of Health (2006) *Our health, our care, our say: a new direction for community services*.**

Following the consultation Green Paper (2005) *Independence, well-being and choice: our vision for social*  
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*care for adults in England*, this White paper was significant in leading to reform of older peoples services by operationalised the wholesale separation of adult services from Children's services within most Local Authorities and Health. This restructuring and realignment of provision engaged adult care with a range of new and different sectoral partners, following the *Every Child Matters* 2003 and *Children's Act* 2004. The White paper contains sections on a range of other adult service user groups. There are nine chapters namely: 'ambitions for community based care', 'enabling health, independence and wellbeing', 'better access to general practice' and 'community services', 'support for people with longer term needs', 'care closer to home', 'putting people in control', 'making sure change happens' and a 'timetable for action'. Initial assessment established that chapters two, four and seven were most relevant to the research questions. Together these comprised 19,015 words and 75 pages).

### **3. HM Government (2008) *Putting people first: a shared vision and commitment to the transformation of adult social care.***

This relatively shorter document is described as a "landmark concordat" and protocol setting out the Government's commitment to independent living for adults and outlines the 'shared vision and commitment to the transformation of adult social care' (p.1). It follows on from the above White Paper (DH 2006) and makes specific reference to it. The concordat is signed by eighteen partners: including Secretaries of State for Health; Work and Pensions; Children; Schools and Families; The Treasury; Business, Innovation, Universities and Skills and significant stakeholders and organisations in health and social care. For the purpose of analysis, the whole

document was considered (8 pages, words count not ascertainable) and read alongside the Local Authority Circular (DH, 2008) *Transforming social care*. This latter document sets out the governments support plans for the transformation of social care signaled in *Our Health, Our Care, Our Say* (2006) and *Putting People First* (HMG, 2007) alongside proposals for a sector led programme of change.

#### **4. Department of Business, Innovation and Skills (2009)** *The Learning Revolution.*

As stated earlier, the selection of this policy for analysis was not immediately apparent since it came from a different government department and discipline compared to the other three. It was, however, very relevant, given the themes of the document to my research area: firstly, because of the specific focus on learning in tune with lifelong approaches and, secondly because of the underpinning themes which referred to the significance of collaboration within community based settings and how participation and collaboration were seen to be as essential ingredients for promoting learning opportunities and learning achievements.

The theme of community collaboration coincided with themes from the other three policies selected. Published following extensive consultation, this government wide strategy on informal learning in a range of settings involved the Department of Culture, Media and Sport, Communities and Local Government, Department of Health, Department for Work and Pensions and Department for Children's, Schools and Families. I examined the whole policy and more detailed analysis was restricted to the Executive summary only (7 pages and 1971 words). The document cites four initiatives to take forward; an informal adult learning pledge;

a festival of learning; open space movement and a transformation fund.

These four documents run to hundreds of pages. Whilst examining the whole document, criteria to select the most relevant chapters was based on key concepts underpinning the research and linked to the research questions. This reduced the project to manageable proportions on the proviso that recommendations for more detailed research may be indicated in any recommendations.

The second step was to develop loose categories for analysis. Policies were converted into Word documents and loaded into Nvivo. Using facilities on Nvivo, I familiarised myself with each policy by reading through the selected data in more detail gaining a general picture of the text using the annotation and memo tool. Reading through and digesting the documents was important to gain a focus on the research area as they were all quite broad in nature.

This strategy incorporated principles of qualitative content analysis (Richards, 2005) using a directed approach, which sought to combine inductive and deductive analysis. The choice of policy documents for example are justified by what I am seeking to know. It is deductive given that I was not generating ideas for research questions by exploring the policy data. I also looked at the documents with an open mind to see what they might say about the research area. This led me to adopt very broad categories for initial analysis.

Three broad categories were initially developed based on the research questions and literature review: *'learning/education'*, *'user involvement and participation'*

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and *'transformation/self-directed care'*. These provided a rudimentary coding framework. Unlike the interview data, which was transcribed using a pre-determined and consistent format, reading and coding data was challenging. An example of this process can be viewed in appendix 5b which shows an exported document from Nvivo which brings together all the data coded where reference was made to *'learning/education'*. I then annotated this coded data further to look for more closely for issues and themes in what was being associated with it (see appendix 5b). For example, as I began to code any references to 'learning' in the documents, I considered the concept of different areas of learning need adopted when designing the interview topic guide and how useful it might be to look at how learning was conceptualised within the policy data at each of McClusky's levels (1974). This led to the development of sub-codes within these parent codes to look at specific issues, such as 'learning needs' or learning 'opportunities', 'technology'. After following this process for each of the three broad categories I began to identify some common themes that crossed these for example what was being implied about the different partnerships involved, whether there was any cross referencing between learning and involvement and so on.

#### **5.4 The pilot study**

During the pilot analysis, I quickly realised that selection of policy sections combined with going beyond a rudimentary coding framework removed the content very far from its original context. This required a great deal of deliberation over how the documents were actually going to be further analysed. This was further complicated by working with differently structured documents or as secondary data, not structured with a need to answer my research questions. As



with other non-experimental approaches, I needed a consistent and pre-determined method to assess any causal relationships. In consultation with my supervisor Nvivo was therefore only used in the initial stage of analysis.

Following the above coding process above I returned to the policies to review them more holistically. This involved making annotations using two criteria; noting general impressions about the mood of the documents including grammatical mood and expression. Secondly, by the physical underlining key words and phrases or common words and for any assumptions or to compare to supporting evidence. I asked myself “are the policy documents causes or responsible for the phenomena I am interested in, or just reflections of them?” The final stage involved developing a series of questions or ‘lenses’ from which to examine the policies from the perspective of its different stakeholders. I developed three questions from examination of the coded data and which linked to the conceptual framework referred to in the literature review. These questions were; what is being said about the role of government? What is the role of local authorities and associated agencies? And what is the role of older people in implementing the policies? Through this overall process I aimed to identify every instance where the research focus was discussed. Appendix 5c is an example of an exported document from Nvivo showing notes I made at the time on one of the chapters in *Opportunity Age*.

The last stages of the analysis led me to then identify the different contexts and the way in which any problems or solutions were being framed through deconstructing the coded data for themes and looking back at the policy as a whole, to see how issues were being framed. This gave me a sense of how widespread discourses were including the

extent to which they can be supported or contested. This latter stage involved me looking back at the literature and reviewing any relevant evidence that can support or refute any claims made.

In summary, an initial process of coding enabled the identification of key themes and categories in each of the four policy documents. The process of coding used broad and overlapping categories, avoiding more rigid classifications which may hamper the appreciation of how categories intersect and combine to inform discourses. Important to the analytic process was the identification of patterns of language use, and ongoing reflection on and examination of how everyday talk and practices construct and legitimize power, and serve to reinforce or challenge views and action (Foucault, 1972). Fairclough's work (1989) was drawn upon by looking for aspects of the relationship between language and power and the various ways in which power can work in language. Policy statements were examined for any sets of assumptions seen as relevant to understand older people's participation and opportunities for formal and informal learning by going back and questioning each of the four documents. The data derived from the documentary analysis enabled me to consider further evidence on how policy reflects the nature of the relationship between the government and older people, and how the government intends to manage these relationships and allocate resources to achieve its aims. In the absence of any coherent policy on lifelong learning needs of older people, the data achieved from the policies selected provided greater detail about the themes of promoting participation, involvement and learning of older people using social care services. It also provided a method for contextualizing and comparing with older people's own perspectives. A full discussion of the data found, and

evaluation of the documentary analysis, is discussed fully in the next chapter.

## **Chapter six: Documentary analysis of government policies**

### **6.1 Introduction**

This chapter presents the findings from the documentary analysis. First a more summative in-depth overview of each policy is given highlighting specific points of interest to the research area. These emerged from the data coded for key words and phrases (see p.77, para 2) and the findings ascertained in response to the key questions or lenses from which the policy data was examined (see p.77, para 3). I then discuss analysis of the policy content across the four policies together from which I outline the thrust of the discourses identified; on transformation, participation and involvement, and learning. These are supported by extracts of coded data and some of the main themes identified. The chapter concludes with a preliminary discussion of the findings and evaluation of the validity and reliability of the methods used.

### **6.2 Overview of each policy document**

#### ***Opportunity age: Meeting the challenges of ageing in the 21<sup>st</sup> century (DWP, 2005)***

This is presented as an authoritative document with forewords by the then Prime Minister and Secretary for State and lists fifteen government departments and twenty-two consultative bodies or members as formal contributors. Not specific to older people, it includes nine figures of quantitative statistics about older people in different public service areas. The Prime Ministers foreword is wholly dedicated to challenges posed by the:

“..demographic revolution” implying that revolutionary of radical change is required as well as “changing mindsets” (p.v).

It states that:

“One challenge is to unlock the potential for older people to play an even greater role. A second is to; enable us all to prepare more effectively for new horizons in our later life” (p.iv).

The term ‘we’ is used frequently throughout the foreword (e.g. used six times in one paragraph) to promote the idea of shared values and relations around policy centred on the recognition and cultivation of a wider 'we'. This might be representative of a political culture, which recognises the value of what individuals share, as well as what makes them different from one other.

“This strategy....also discusses how we can begin to make changes now in order to improve public services for older and more vulnerable citizens” (Prime Ministers Foreword).

Within the foreword deliberate emboldening of the key words, e.g. “**active independence, quality and choice**” gives reference to its underpinning values (p.vi). Four main stakeholders are similarly highlighted, **government, individuals and business, all of us** (p.v). Noted is that the ‘business’ category includes stakeholders from local authorities and organisations involved in public services confirming a consumerist orientation to practice with older people. This policy is important to the research area as IBs are mentioned in its foreword and executive summary:

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“..we will also pilot developments including giving those who want them individual budgets which they can use to *select* their own care packages” (p.xviii) or “*buy them*” (p.xix) (my italics added).

Whilst a generic policy, social care is specifically mentioned in its foreword in association with the extra costs of ageing related to changes in the “dependency ratio” whilst urging “seizing (of) the positive opportunities they present” (p.vi). This, for example, is thought to be able to:

“...make sustainable solutions possible. Developing a comprehensive strategy for ageing enables these different issues to be seen in a truer perspective” (p.vi).

Chapter one gives a background about the specific issues associated with ageing, laying out specific roles of government and of the individual. Numerous graphs illustrate the underpinning evidence for the strategy but there is no specific section on social care within the policy as a whole. It is in fact asserted that:

“Older people’s issues should not be ghettoized in separate ‘older people’s departments’ or in social services (p.70)

Again there is no specific chapter or section on education or learning whilst explicitly stating; “people from richer, better educated, professional backgrounds tend to live longer and in better health than others” (p.9).

Within chapter two on age and the workforce, a section on support for older people at work to improve their skills and decisions acknowledges the benefits of improving skills and lifelong learning including:

“..opportunities to promote health and leisure to contribute to the community through caring and voluntary work: and for carers, information and access to products and services for older people needing care, and information about support and help available for carers” (p.22).

Themes from chapter three on *active ageing*; chapter four on *services that promote well-being and independence* and chapter five *organising ourselves to deliver* are discussed more fully later in the chapter.

***Our health, our care, our say: A new direction for community services (DH, 2006)***

Following on from the consultation Green Paper; *Independence, Wellbeing and Choice* (DH, 2005) the White Paper claims to set a radical and sustainable shift in the way services are delivered that are more personalised. The Green Paper floated the possibility of individual budgets being made directly available to service users which subsequently became central to reforms within *Putting People First* (HMG, 2007).

As a policy covering generic health and social care, its nine chapters detail a range of issues with health as the dominant theme. Its four main goals are to provide better prevention services and earlier intervention; giving people more choice and a louder voice; tackle inequalities and improve access to

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community services and create more support for people with long-term needs (p.7-8). The overall emphasis is on problem solving. It makes some promotional gestures through presentation of a number of boxed sections which have lists or bullet points. These do not offer any in-depth discussion but focus more on technical solutions to what is assumed to be an agreed problem. The grammatical mood of the document as a whole also comes across as overwhelming declarative, by telling readers rather than asking them. For example, the description of “Straightforward steps that everyone can take” is followed by a bulleted list which includes: “learning new skills”; and “doing something creative” as a “good practice guide to improving people’s mental health and well-being” (p.37).

Again the introduction is authored by the Tony Blair, the Prime Minister of the time with a foreword from his Secretary for Health. The tone of the overall document is one which presents wholesale reform as the inevitable consequence of the changed expectations of people using services and portrays the government’s response to these:

“We set out to ensure that our proposals truly reflected the views of fellow citizens. Putting people more in control means first and foremost listening to them - putting them more in control of the policy setting process itself at national and then local level” (Section 1.6).

Themes from more detailed analysis of chapters one, two and seven are discussed later on in the chapter.



***Putting people first: A shared vision and commitment to the transformation of adult social care (HMG, 2007)***

This policy covers generic adult social care comprising eight short sections. The introduction states the case for reform making explicit links to *Our Health, Our Care, Our Say*. Older people appear to be a central priority stating that it has:

“..outlined the key elements of a reformed adult social care system....able to respond to the demographic challenges presented by an ageing society and the rising expectations for those who depend on social care for their quality of life and capacity to have full and purposeful lives” (p.1).

Described as a “landmark protocol” (p.1) it claims that it is underpinned by co-production in its programme of reform and:

“..seeks to be the first public service reform programme which is co-produced, co-developed, co-evaluated” (p.1).

The second section on values is very short followed by a much longer third section describing in detail the key elements of a personalised adult social care system. This makes references to the need for leadership by local authorities, a statement of the “agreed and shared outcomes which should ensure people, irrespective of illness or disability are supported” (p.2); the objectives for how “system-wide transformation” will be achieved (p.3). Social workers are specifically mentioned in relation to the intention to increase self-assessments by service users by:

“..spending less time on assessment and more on support brokerage and advocacy” (p.3).

Section four describes the system for reform, followed by three shorter sections entitled timescales; arrangements for engagement and consultation and; conclusion. There are nineteen signatories from government departments and national care associations.

The local authority circular *Transforming Social Care* (2008) sets out the information to support the latter two White Papers. Part 1 provides the history and context in which the policies are grounded and Part 2 sets out proposals to develop a programme of change and implementation. The circular provides detail about IBs and self-directed care as key mechanisms for transforming the social care system. Education or learning is not mentioned specifically in the sector support programme but there is a detailed section on developing the sector workforce.

“It is essential that frontline staff, managers and other members of the workforce recognise the value of these changes, are actively engaged in designing and developing how it happens, and have the skills to deliver it” (p.8)

### ***The Learning Revolution (DIUS, 2009)***

This document is generic in that it deals with the whole subject of informal learning. It starts with a ministerial foreword and executive summary. Following the introduction there are four chapters; ‘Building a culture of learning’; ‘Increasing access to informal adult learning’; ‘Transforming the way people learn through technology and Trish Hafford-Letchfield

broadcasting’ and ‘Making it happen’. The annex provides a statement by NIACE on the consultation process leading to the publication of the White Paper with a list of the two hundred and eighty three organisations which participated.

This White Paper has a very different feel in terms of overall style and language. It comes across as dialogical for example:

“..in part it laid out a challenge to my own department, recipients of DIUS funding and the rest of government to broaden our horizons and embrace new and innovative ways of doing things” (Ministerial foreword).

The foreword also attributes its initiative as stemming from the community itself using the analogy of:

“..sowing seeds of new movement for learning and the government investing in these” (Ministerial foreword)

Chapter one offers a working definition of informal learning and identifies the overarching principles accompanied by a government “pledge for increasing learning”.

Older people are specifically mentioned once in chapter two where the government states that there will be:

“..targeted action to.... widen informal learning opportunities for older people” (p.27).

On p.28, there is a special section entitled ‘Increasing opportunities for older people to learn’ which explains the

relevance of different types of learning in later life; firstly to improve “the maintenance of mental capital” with explicit referral to the challenge of demography and the need for re-skilling the workforce of over 50s and in preparation for retirement. There is emphasis here on age related education fee concessions. Learning is cited as essential to increase participation and for older people to be active in the community (p.28). Links are made to *Opportunity Age* and a forthcoming strategy for an ageing society. It refers to the need for older people to have better information about:

“..local learning opportunities and ask for support and guidance about learning in later life” (p.29).

Section 2.10 and 2.11 specifically discusses action required and refers to the need for partners to improve informal learning opportunities for people in care settings mentioning day and residential care settings specifically. This is followed by a case study of an eighty-four year old man who took a leadership role in the community as a result of capitalising on benefits from his own learning opportunities (p.30).

Chapter two specifically mentions the role of “professionals” and expectations about the facilitative role of the Third Sector:

“We want to engage, motivate, connect and support the foot soldiers and professional workers who are closest to disadvantaged and excluded individuals in order to;

- bring informal learning closer to the people who will most benefit from the opportunity to learn

- help people take their first steps in learning
- signpost and support onward progression to further informal or formal learning” (p.31).

In chapter three on digital inclusion (p.39) a case study is provided about Digital Unite, a national organisation dealing exclusively with the digital literacy of older people and on p.41 in relation to the benefits of social networking. An organisation ‘SagaZone’ is cited as an example of an online forum for over fifties.

In chapter four (p.47) Local Authorities are named as a key leader in joining up services with wider partners including Primary Care Trusts and the Third Sector to ensure strategic vision and opportunities for informal learning are included in the local area agreements and sustainable communities. There is emphasis on supporting self-start initiatives. A performance measurement system is outlined on p.49, presented through a boxed list of how informal learning can contribute to the twenty one established government performance indicators and five public service agreements. Two indicators are specifically related to older people (p.50):

“NI 138 - Satisfaction of people over 65 with both home and neighbourhood (PSA 17)”

“NI 139 - People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently”

A further eight indicators are directly related to increased participation, involvement and wellbeing. In the list of policy

commitments on p.51, two specific commitments relate to older people:

“Develop better communications with older people to inform them about learning activities and enhance learning opportunities for people in care settings”

There is no specific mention of personalisation or self-directed care within the overall document and limited reference to learning being targeted at older people.

The executive summary was subject to the formal analysis and is described in more detail later in the chapter.

### **6.3 Analysis of extracts from the four documents using Nvivo.**

As outlined in chapter five, pre-selected areas from the four documents above were loaded into Nvivo. Three broad categories for analysis were used to code the data by highlighting any references to:

- Learning and/or education
- User involvement and participation
- Transformation and/or self-directed care

A further example of an Nvivo exported document demonstrating what was coded under ‘User involvement and participation’ within *Opportunity Age*, chapter three can be seen in appendix 6a.

I looked at the frequency of references coded under the above categories. Learning and education was not a frequent feature in the social policy documents but featured frequently in the chapter on ‘Active Ageing’ in *Opportunity Age* where fifteen references were made constituting (15.75% coverage). In *Our Health, Our Care, Our Say*, chapter two on ‘Enabling health and wellbeing’, only two references were coded (2.77% coverage). In *Putting People First*, six references were coded (6.73% coverage). Learning was not a meaningful measure for comparison within the *Learning Revolution* given that this was its main theme and three references were made in the executive summary to older people’s learning (3.39% coverage).

Whilst quite a crude measure, overall, some inferences can be derived from the frequency of coding in relation to the three broad categories identified. The frequency ratings in relation to ‘participation and involvement’ (see appendix 6b) for an example, demonstrate that this was a dominant topic in the documents where you would expect it to be. It is of further interest however, to see what is actually associated with use of these terms, in terms of the key discourse identified. During the coding process, further sub-codes were generated to highlight the way in which the main stakeholders within each policy were described in relation to their perceived roles. This refers back to concepts suggested by Evans (2003) (see p.63). Each policy was coded for frequency within which it spoke about these different roles for instance the governments own role; what was seen to be the role of local authorities and its agencies, and the role of older people themselves. This enabled me to compare with what was said about the three key research areas coded above. These provided further perspectives on how policy intentions are to be enacted.

#### 6.4 Discourses on transforming services - Problem-solution themes

A key policy issue signalled in all four documents was the increasing demography and potential dependence of older people in UK society with an overwhelming focus on the issues needing to be addressed to ‘transform’ the approach to public services, and how these are provided. The analysis revealed numerous references in the policy to the research area including a number of binary categories identified throughout all four of the policies for example exclusion/inclusion, marginalisation/participation which were then all linked to a range of statutory, financial and social interventions seen to address and normalise participation and involvement.

“Older people, like any other group in society, have complex lives; this should be reflected in public services for them. An individual older person might need financial support, care or NHS services, but equally and possibly at the same time, he or she might want access to life-enhancing activities such as *sport* or *volunteering*. Services should support independence, not foster dependency” (*Opportunity Age*, coded ref.17, my italics added).

One needs to think about the changing context in which participation of older people is being understood and to look more critically at what interpretations are being offered about the meaning of their participation. The analysis revealed many assumptions about the causes of older people’s social exclusion for example the linking of an individual’s capacity to cope with a rapidly changing social and technological



environment and inaccessible service structures or poorly joined up services.

“”Putting the individual at the heart of their care, providing person-centred care, and giving people information in order to make decisions about their treatment and care and how they want to live their lives. This will include *comprehensive assessments* and *regular review of needs, joint health and social care plans*, and *self-referral*” (*Opportunity Age*, coded reference.151, my italics added).

There was a relative silence on structural poverty and patterned inequality as a key source of exclusion. Based on some of the more emancipatory approaches to learning in later life referred to in the literature review, I found relatively few meaningful references to learning. Certainly, there was insufficient discussion to support the expected transition to independence implied in how older people are expected to access support to meet their social care and other needs. Great emphasis for example was put on ‘volunteering’ as a method of increasing involvement (mentioned seven times within the data coded for participation/involvement and four times in the data coded for learning/education).

## 6.5 Discourses on participation and involvement

A key issue is what was included in achieving the practice of involvement and participation, other than more prescribed or mandatory-like forms of participation. For example, the main paradigm offered for overcoming exclusion or to close any gaps, included instrumental and strategic variables in its recommendations. Examples were restructuring of services to

make them more joined up, developing forums for local consultation and making public spending more accountable:

“People’s voices – their opinions, preferences and views – need to be heard at a local level as that is where the vast majority of spending decisions are taken and where key priorities are set. They need to be heard in a variety of different ways. And they have to count – at present, people do not feel that health and social care organisations listen enough to their views” (*Our Health, Our Care, Our Say*, coded reference.74)

This statement doesn’t illuminate what participation actually is other than having an opportunity to have one’s ‘voice’ heard which is constructed within the document in a very traditional sense. There are many barriers to participation and involvement such as being in touch with the right people, being asked in the first place, having the knowledge about one’s rights, being encouraged to develop one’s consciousness about external factors such as poverty, culture, ageism and how these are recognised, remain relatively silent.

## 6.6 Discourses on learning

The documents were not very dialogical around the concept of learning and participation for example; they did not address the diverse facets or representations of learning. Three main themes of learning emerged from the coded data: firstly an equation of learning with formal education, the main barrier being perceived to be financial (mentioned 4 times). Secondly, frequent references to volunteering strongly associated with learning opportunities and thirdly; frequent but unspecific mentioning of ‘learning opportunities’

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themselves (mentioned 8 times) with no further description or analysis forthcoming.

Whilst there are many other discourses about participation and learning found to be silent in these policies, other meanings were implicit in places. For example, the shift towards talking about learning in terms of qualifications and in *The Learning Revolution*; learning is underpinned by the need to make best use of one's time in economic recession and linked to economic stability:

“With firms on short-time working there may be more time to learn. People on reduced hours or looking for work may have the capacity to teach or volunteer, as well as more time to devote to learning. There may be people who want to put something back into their communities, to share knowledge, or to gain new skills” (*The Learning Revolution*, executive summary).

Policy would appear to be generally cut off from debates about the different roles that learning plays and its diversity within the social relations of social care and its partners. This diversity is evident in some sections of *The Learning Revolution*, which acknowledges links between learning and more effective care particularly in coping with transition. It had little to say about its purpose or function in equipping people to succeed in using person centred services even though the latter has been clearly cited as the key to transformative services:

“support with daily living skills: older people may need to learn new living skills, for example if they lose a partner who had exclusively handled aspects of

household management, or they may need help reacquiring those skills”; (*Opportunity Age* p.x).

The main themes arising from within the discourse on transformation is again one of lack of choice or exercising control and choice. The reader is told repeatedly that older people must take individual responsibility for healthy living alongside authorities who will reduce bureaucracy and inflexibility in service provision. There is little acknowledgement of any achievement in services to date or continuity of achievements particularly within the latter document *Putting People First*. This is managerialist in tone by constructing accounts of current provision from a managerial standpoint or demanding a process of problem solving. Numerous lists are given of the solutions to obstacles (which included ‘learning’). The ‘problem solver’ is exclusively the government itself particularly when referring to steps it is taking or will take. This argumentative style of structure is repeated in several places with a heavy emphasis on solutions where the government is acting as the main change agent (what it is doing, has done, will do):

“Every local transformation process will include clear benchmarks, timescales and designated delivery responsibilities” (*Putting People First*, coded reference.52).

The idea of stakeholding or older people as stakeholders in finding solutions to social problems is represented in how the government takes it upon itself to make the decision and to legitimise what older people desire or want:

“By signing this historic protocol, we accept our shared responsibility to create a high quality,

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personalised system which offers people the highest standards of professional expertise, care, dignity, maximum control and self determination.” (*Putting People First*, coded reference.82)

There are other issues over which policy appears to skate, rather than engaging fully with their implications. These include the complexity of managing the balance between the enhancement of individuals’ independence with their dependence and how this gap might be bridged:

“Piloting individual budgets, so that those who wish can ‘buy’ their own care packages and simplifying assessment process” (*Putting People First*, coded reference.246)

There was a strong presumption within the policies that changing the way in which services are organized and delivered will bring about major improvements in themselves. One of the themes was that of ‘responsibility’ of the main stakeholders.

“The time has now come to build on best practice and replace paternalistic, reactive care of variable quality with a mainstream system focussed on prevention, early intervention, enablement and high quality personally tailored services”. (*Putting People First*, p.2).

This implies that rights and responsibilities are firmly bound together but also promotes a theme of strengthening communities and relationships in the community. This invoking of 'community' as a core constituent illustrates the government’s attempt to forge a 'new' political agenda based

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on co-production with bold initiatives such as personalisation.

The concept of ‘partnership’ was significantly advanced within the policies examined and was a significant theme. Much is cited on the necessity of improved collaboration, but with little detail about whom and how these will be supported or work in practice. There appears to be little recognition within those policies which problematise lack of partnerships as to the reasons why collaboration has not advanced further than it has, despite being a priority for several decades. Despite a bland discourse of partnership any references to specific partnerships with learning and education featured very little within the social policies examined. There is confusion about the levels in which vertical or horizontal partnerships occur for example at the level of joint training for professionals or in the provision of formal education to the community. There was an absolute silence on how older people themselves contribute or feature in any learning partnerships for example:

“Ultimately, every locality should seek to have a single community based support system focussed on the health and wellbeing of the local population. Binding together local Government, primary care, community based health provision, public health, social care and the wider issues of housing, employment, benefits advice and education/training. (*Putting People First*, coded reference.9).

The policies examined however, do cite a great deal of ‘evidence’ on what older people have “told” the government in their consultations. This is claimed as authority to forge ahead with its transformation agenda. These resonate with

Foucault's ideas about governmentality, where government descriptions of everyday practices are assumed to be accurate. The context and social practice within which some of the issues occur are not explicitly identified. All four documents reported outcomes from its focus groups and surveys. These sources are thus prioritised as the type of social practice said to represent service user and professional views. These are also the only practices to represent those of the organisations or agencies that are being given responsibility to implement reforms, or to take up the leadership expected.

Gomm (2004) refers to credibility markers used by policy authors. In the policies examined, these are exemplified in references to the government's responsiveness to consultations and the appearance of great government activity in forming these. Frequent listing of those consulted and of those signing up to the policy represents official markers of alliance and solidarity with particular audiences and groups. The use of promotional case studies like those in *The Learning Revolution* tells particular stories aiming to win conviction and support for certain ways of working. *The Learning Revolution* when read alongside the other White Papers appeared to have a different engaging and discursive tone, possibly because it incorporates the voices of NIACE, a national advocacy organisation. Its other unique factor is the distinction made between informal learning and education and recognition of the intrinsic value of the former. Substantial stress remains however throughout this document on vocational aspects of learning with clear links to the economic context. Here the role of government is described as one acting as a "catalyst" and "provid(ing) a framework" (p.8).

Conversely, it is clear from the style of the *Putting People First* and its accompanying guidance (DH, 2008) that ‘transformation’ is a publicly managed system with mandatory participation. Demographic and social change are the ‘crisis’ driving this Concordat with assertions that the public welfare system cannot provide adequately for older people without detracting from economic growth. In summary, the discourse within the first three policies examined is mainly concerned with the *process* of personalisation rather than any completed product. The fact that personalisation was hardly mentioned in *The Learning Revolution* might lead one to believe that this process involves a range of partners pulling in different directions. I suggest that such tensions in policy are evident from many of the illustrative comments so far. On the one hand the government appears to be promoting its own role as one focused on providing an efficient and focused solution whilst at the same time promoting a greater democratic role for local communities. Given the potential gaps highlighted for older people in taking advantage of this vision, the tensions inherent in this approach need more honest appraisal. The range of major constitutional reforms represented in the White Papers examined overall appear to make a substantial call for decentralisation of power which some commentators would label as ‘paradoxical’ (Fairclough, 2000).

“Changing culture is centrally a matter of changing language – getting people to see their relationships in terms of rights matched by responsibilities depends on getting people to accept and internalise that discourse – to talk and think about their relationship using the words/concepts, ‘rights’, ‘responsibilities’, ‘duties’ and so forth”. (Fairclough, 2000, p.122-123).



## 6.7 Discussion of the overall analysis

Analysis of the policies in a way that enabled the establishment of stability in the measures used and the subsequent reliability of any findings was somewhat challenging. I acknowledge the potential to be highly subjective both in the selection of the policy documents, chapters selected and how the content was viewed. I attempted to minimise these biases by being as transparent as possible. Firstly in the rationale for selection and highlighting what is being excluded as well as included. Secondly, I declared my specific interests in these policies concerning the orientation and conceptual framework of the research. I tried to justify the rationale for looking at policy in more detail rather than using them for context setting only within this overall thesis. My aim was to make some assessment of how learning of older people is referred to at the different levels, espousal, enactment and experienced as well as at the horizontal and integrated vertical levels. It was also relevant to consider the interplay of context and welfare subjectivities, which highlights the ways in which policy and its subjects combine with other factors such as socio-political or economic ones. These factors may contribute to, or hinder older people's involvement and participation in their own care. The voices of professionals are hardly featured in policy. Similarly the voices of service user and carers are portrayed in particular ways. Policy implies that the outcomes of consultations with professionals accord with the declarations within the documents with no reference to different or dissenting perspectives.

Habermas's ideas (1981) speak directly to the need for authentic consensus among those concerned particularly those with responsibilities for empowering and involving

older people in care settings and working with them in both education and social care. This means critically questioning the normative base of policy arrangements for older people in an area where there are many. Habermas' 'ideal speech situation' (1984) doesn't stop short at the ability of individuals to critically reflect on their own experience as illustrated in the chapter on the findings from individual interviews with older people. There is also a political 'social action' dimension where primary categories of communicative and purposive-rational action can be explored (Hart, 1990).

Examination of the relevant policies in more detail might facilitate displacement of our normal notion of 'government' and reconsideration of the way in which power relations or the discursive aspects of how older people are viewed in such a complex policy environment. It permits reflection on the control that government seeks to exert over its periphery and the perceived role of the state in managing the relationship between the individual older person and society, how resources are allocated and arrangements for their 'empowerment' made. Having an understanding about how older people's experiences are shaped by society's norms and its institutional arrangements are important to consider the potential roles that learning can then play in social care. Quality learning experiences within social care need to be explicitly concerned with both what are seen as the causes of older people's needs and desires as well as recognising their potential to achieve higher levels of expression through contributing in a way actually determined or articulated by them when using services. This became a familiar theme in the chapter reporting on older people's own perspectives. Older participants' generally felt disengaged with high-level policy and had minimal knowledge or understanding in any

detail about the government's policy objectives for ageing. This contradicts many of the references in policies examined here which made frequent reference to focus groups and consultations with older people to form the basis of the policy's subsequent assertions about what the solutions might be.

Habermas (1987) talks about the idea of dominant free communication and dominant free relations where the approach to learning is much more one of constant dialogue produced through empowering relations in the interaction with services, rather than prescribed at the policy level. According to Hart (1990, p.129) the relationship between these two different approaches to learning is not one of juxtaposition, analytical and practical differences but is potentially problematic.

Theorising 'policy' involves asking simple questions about the relationship between the processes and outcomes of social care modernisation. This is an extremely complex picture when one tries to put all the different components of the care system together and to think about the dynamics of change. For example, how will self-directed care have an impact on the care system as a whole and how will these shape older peoples participation and involvement in directing their personal support? Learning was frequently referred to in the policies as being linked to a need to provide 'opportunities'. There is currently very little acknowledgement at a policy level about what exact learning opportunities are needed however to make this a reality rather than a series of successive policy interventions.

The reading of policies appear to assume that policy 'levers' can be pulled and that action will follow without distortion as

it travels through different levels until it reaches the ‘front line’, and ultimately the consumer or older person. One example of this was expressed in the idea of “rolling out” new styles of service delivery in response to customers (Prime Ministers Foreword, *Opportunity Age*, and p.iv) as if these already exist. It assumes that everyone working in social care is a rational actor, acting in accordance with an instrumental view of his or her respective interests. Policy discussions are often structured around a distinction between ‘bottom up’ and ‘top down’ analyses of implementation. But this is rather too sharp a distinction; instead, we want to highlight the value of an ‘interpretive’ approach to understanding policy and the role professionals and providers play in acting truly communicatively and relating to both parties in a reciprocal way. The next chapter turns to this potential for interpretation and meaning making by examining what participants in the individual interviews said about such reciprocity.

## Chapter seven: Individual interviews

This chapter describes the process of carrying out in-depth interviews which took place within the participants own homes in their most natural context and provided an opportunity for a detailed investigation of each older participants perspective on the research phenomenon and the personal context in which it occurred:

### 7.1 Accessing participants

Accessing older service users was a challenging and time consuming process dependent on gatekeepers. An honest account of the actual research process is important as the researchers positioning in relation to participants, is central to qualitative research (Darlington and Scott, 2002). The first group of participants were recruited from a large rural county, facilitated by the Director of Social Services. Gaining access involved meeting with local staff and agreeing a process to safeguard service users' confidentiality. Care managers approached people during planned visits and provided a basic information sheet (see appendix 7a). The sample included older people having a scheduled 'care review' and those using 're-ablement' facilities following hospital discharge. This provided access to a mixed sample within one discrete location. Fixed criteria included, those of age 65 plus and experience of using social care services. Care managers passed on to me the contact details of interested participants with their permission. Twelve participants were recruited and interviewed using this method. Despite careful planning, a number of issues arose. Social workers gave the explanatory letter intended for staff to service users, and on some occasions phoned and put users on 'the spot' which I had to be mindful of when following up by telephone to gain

their confidence and cooperation. During this latter process some attrition occurred where older people felt too overwhelmed to be interviewed or experienced further crises pending the appointment.

A second group was recruited from a contrasting urban borough within London, via contact with the Director of a local 'third sector' organisation contracted to provide social care services to older people by the local authority. Participants were using day care, information, advice and outreach services. A similar process of recruitment (as outlined above) resulted in a further sample of six older people. It was important that the sample represented wider socio-demographic characteristics firstly to ensure that all the key constituencies of social care users with relevance to learning are covered, and secondly, to address diversity when assessing the impact of learning in social care and differences in perspective (Richie and Lewis, 2003). A review of the overall sample demonstrated strong bias towards a white ethnic group of females (with one exception to the latter). Further attempts to recruit from the socio-demographic characteristics of the older population in both research sites had little success. I therefore used prescribed selection criteria such as ethnicity and gender. Within lifelong learning, educational gerontology and social care, a number of documented concerns relating to exclusion of older people based on ethnicity and unequal access to services (Maynard *et al*, 2008). Ensuring a more diverse sample optimises the chances of identifying the full range of factors or features associated with older people's learning in social care as well as opportunities to identify different contributory elements or influences. It is difficult to claim these generalisations in such a small sample, but to ignore these completely would go against the underlying principles of exploring the research

phenomenon given my 'standpoint' to the research topic. A contact in the London organisation enabled me to place a poster in a black and minority ethnic sheltered housing from which I recruited two black African female service users. This gave me a total sample of twenty older people participating in interviews (see Appendix 7b).

Two interviews took place in the presence of carers at the service users request; one with an intellectual disability and the other with difficulty in speech following a stroke. This inevitably influenced the nature of the interview data collected where the carer provided proxy information by 'joining in'. Undertaking research in these circumstances requires valuing the experiences of those not so articulate in a way that facilitates communication of their experiences as valid, and by utilising skills to elicit their experiences and enable their voice to be heard (Darlington and Scott, 2002). Inclusion of a person well know to the participant was a useful way to handle some of these difficulties if they are well briefed about the purpose of the research and the importance of gaining the participants own perspective. I paid attention to these factors during transcription and analysis. Flexibility of approach was inevitable in order to tailor data collection to the needs and capacity of each older participant. I was sensitive to ethical and boundary issues, whilst trying to ensure the integrity of the overall approach by being vigilant about the procedures being used. Wenger (2002) cautions us on the importance of putting participants at ease to create trust and rapport. This requires building in extra time where people have mobility difficulties or sensory impairment. For example I sent a copy of my ID card in the post beforehand so participants could recognise me on arrival and provided the information and consent form in large print where appropriate.

I reflected upon the nature of reciprocity in research with older people. I had knowledge about care, support issues and services as a care professional whilst carrying out my primary role as a researcher in education. Being prepared to provide information or to direct participants to relevant resources or professionals reflects the reality of interviewing social care service users in these circumstances. I left time at the end of each interview to take leave of the person in a responsible manner. In summary, reflexivity is not confined merely to theoretical perspectives but to emotional and practical responses to respondents, and their impact on the research process as well as the time and resources required. The interpersonal and institutional contexts of research as well as ontological and epistemological assumptions embedded within data collection as well as in the method of analysis and how they are used can deeply influence research processes and outcomes. These need to be accounted for in the data analysis stage (Hammersley, 2003).

Information was collected about participants during the interview as potential variables to cross reference during data analysis:

- The degree of health difficulties, particularly physical or mental health;
- Whether they lived alone or with partners/carers;
- Whether they were a carer themselves.
- Living circumstances, for example whether they lived in private or sheltered accommodation (i.e. the latter



potentially may provide greater opportunities for learning activities and learning interactions).

- The degree of support needed and type of services received.
- Occupation prior to retirement
- Qualifications and formal learning experiences completed prior to retirement.
- Whether living in a rural or urban area.

Interviews lasted between 50 and 80 minutes and were recorded on a digital voice recorder. Brief field notes were made immediately afterwards to review the context of the interview and record immediate thoughts about the dynamics of the encounter. I jotted down notes on ideas or feelings that occurred and issues that might be relevant for the analysis later on. These were later recorded into the 'memo' function of Nvivo (see example in Appendix 7c). I referred to these notes to help my thinking about why and how certain meanings were interpreted. Notes were used as an aid memoire in the analysis rather than as data itself.

## **7.2 The topic guide**

A copy of the topic guide can be seen as Appendix 4.a. Seven 'topic' areas were identified for exploration in the interviews thought to provide stimulus for generating data that might answer the research questions. Although questions were placed in a certain order in the topic guide, in practice the structure was used flexibly to permit topics to be

covered in the order that interviewees more naturally addressed them. Holstein and Gubrium (1977) stressed that the researcher is not simply a pipeline through which knowledge is transmitted, but that knowledge is constructed through collaboration where the interviewer is an active player in the development of data and its meaning. This of course raises issues about the stability and validity of interview data. Postmodern approaches (Fontana and Frey, 2000) emphasise the way in which reality is constructed in the interview and the relationship that develops between the researcher and interviewee. In some cases the power relationships potentially perceived by participants having been introduced to me through social services or their care provider may have affected the emphasis given to the areas explored. On one or two occasions, I was possibly seen as the ‘messenger’ taking information back to the agency. For ethical reasons, great care was taken to build rapport with the older person and gain confidence. I used prompt and follow up questions to encourage reflection. There were examples of priorities not shared between researcher and participant. For example, I noted several occasions where the interviewee would dwell on the opening question designed to generate rapport and collect basic information. Some interviewees enjoyed talking in detail about their past when given an opportunity. I had to strike a balance between this and my own priorities by allowing information to emerge in the most natural way possible.

My pilot study (in May 2008) involved conducting an interview with one older service user and a focus group of three support professionals. The pilot study threw up many issues concerning how to ‘get at’ the concept of learning and what this meant in social care. The data obtained was too biographical and unable to throw any light on the policy

implications of users' experiences. I subsequently spent a lot of time refining the research questions and reconsidering my target audience. Reflection on the pilot was helpful to test whether the research tools generated relevant data and who could provide it.

The topics explored were loosely based on the five areas of need that older people might meet through learning strategies reflected in McClusky's framework (1974), (see chapter one, p.10-11 and Appendix 4a) consistent with models of increasing service user participation and involvement in social care at different levels (Carr, 2004). These different topics implicitly explored what participants needed in order to cope and adjust to changes in every day later life; their expressive needs such as taking part in activities for their own sake; their needs to make an active contribution to society; their influence needs to engage in social change and transcendence needs in which older people rise above age-related limitations; learning to balance power and demands from society. These later categories related to research question number two, which aimed to explore the relevance of lifelong learning within the government's 'transformation' agenda for older people's services in developing self-directed care. Questions were developed here to explore what the participant knew and understood about current government policy towards older people, and their knowledge and attitudes towards the concepts of independence and self-directed care. This was a challenging area for older people where I tried to grasp their point of view on a concept still poorly developed in terms of what it might practicably look like. This experience echoed outcomes from the national evaluation of the IBs pilot which found that many respondents and staff struggled to articulate the concept of self-directed care in a meaningful way (Glendinning *et al*,

2008). However, one of the aims of in-depth interviews was to facilitate participants in giving any new insights. Probes were featured in the topic guide to help me achieve depth of answers in terms of penetration, exploration and explanation (Richie and Lewis, 2003) and to obtain a deeper and fuller understanding of the participants meaning. Such an in-depth format permits the researcher to explore fully all the factors that underpin participants' answers, reasons, feelings, opinions and beliefs. The last two questions were the most open inviting the participant to expand on any areas of specific interest that arose and furnish any explanatory evidence as important elements of qualitative research. These types of questions allow participants to convey their own way of looking at the world and recognises that a fixed sequence of questions is not always suitable for all participants as well as allowing them to raise important issues not contained in the schedule (Silverman, 2000).

The in-depth interviews were also likely to sensitise both myself and the participant to perhaps taken for granted experiences of learning and in some sense only scratched the surface of the range of learning explored. However, as the interviews were transcribed, a number of useful insights were gained. It is acknowledged that the data was open to researchers' presumptions when trying to analyse participants' self-reported learning. I focussed on what older people identified themselves, and the representativeness of this in order to develop a profile of their learning practices. For older people, the physical or cognitive and emotional factors of growing older impacted on their learning capacity. Issues such as multiple losses, disability, physical changes in the blood supply to the brain were referred to frequently during the interview process. Throughout the interviews, participants were given a direct and explicit opportunity to

convey their own meanings and interpretations through the explanations of learning they provided, whether spontaneously, or in response to questions asked. These were important when tackling the data analysis stage and developing a coding framework in order to develop and handle ideas that emerged.

### **7.3 Methods for analysing the individual interview data**

Following transcription (see example of a transcript in appendix 7d), the interview data was imported into Nvivo. An initial coding framework was developed based on a preliminary review and reading up from the data (Richards, 2005) and 25 codes were generated (see appendix 7e, column 1). Each code was used as a way of gathering data on a particular topic under one heading in order to make the data manageable for further interrogation (examples of the data are given in column 3). A variety of factors informed the generation of the codes selected, and combined both an inductive and deductive approach (Miles and Huberman, 1994). Descriptive codes were used as a predefined area of interest for example to group together any text which could demonstrate the presence of learning within the experiences of users of social care settings, whether factual, thematic or theoretical in nature. These were then categorised (see colour coding in Appendix 7e). Initially I considered using the five areas of learning need as defined by McClusky (1974) as very broad coding framework particularly as these informed the design of the topic guide. However, I decided that this would preclude the development of any open coding arising from reading through the data such as code I-7 ‘emotional state’ and I-23 ‘use of humour’. It was however useful at a later stage to re-group data under these headings as a cross reference to re-categorise and establish how much emphasis

and development of learning is present in each level and to facilitate further linking of the data when extending theoretical ideas.

#### **7.4 Keeping an audit trail**

Interviews were given codes prefixed by the area they came from, TL (rural) or TG (urban). The letter P preceded codes relating to government policy documents. This enabled me to collate data across these two data sources around key concepts within the study such as: ‘Independence’, ‘Learning opportunities’, ‘Self-directed support’ in order to synthesise and to develop perspectives or a sense of the different discourses involved as discussed in chapter nine.

I used personal memo and annotation tools in Nvivo. These developed through the reading and coding of the interview data so that I could refer back to them as documentary evidence in a later revision of the coding frame. Annotating the data with insights that occurred during reading enabled me to retrieve data throughout the analysis given that there were some contextual remarks about a particular occurrence during the interview. This also provided an audit trail for developing the analytical framework (see Appendix 7c). One advantage of using Nvivo was the ability to export documents for example showing data, source and coverage. As my research approach is one of critical interpretation, and then this helped to increase the transparency and continuity of the analysis and to record spontaneous thought. The second stage of analysis involved identifying prominent themes within the categories and any notable differences or exceptions. I used content analysis by breaking down the text further to look for constructionist approaches. I then returned to the transcripts to look for sub-categories within

the broad themes of the study. Other strategies included; linking contradictory statements; linking points in the data where strong reactions are demonstrated or very hesitant behaviour occurs; tracking a sequential route through the data based on narrative; linking specific parts of different interview transcripts to compare and contrast. Some of these issues were discussed with my supervisor when looking at the appendices together in September 2009. The findings from the individual interview data and evaluation of these are discussed in the next chapter.

## Chapter eight: Findings from the individual interviews

### 8.1 Introduction

This chapter discusses the findings from the individual interviews with older people. First I discuss the various themes emerging under the categories shown in the table at Appendix 7e. These have been used to provide headings below under which the different themes are discussed; i.e. the *presence of learning within the experiences of users*, whether factual, thematic or theoretical in nature; *experiences of using care and responses to concepts of self-directed care* and *participation and citizenship*. Issues and themes emerging within these topics areas have been cross referenced across the data and combined with themes in other categories and are discussed below. A second stage of analysis involved cross-categorising coded data across the five areas of learning need identified by McClusky (1972). This facilitated thematic cross referencing to consider the sorts of issues that came up within each level and to link data further across specific areas of interest within the study.

### 8.2 Presence of learning and learning needs within service users experiences

From the outset, the majority of participants had difficulty in conceptualising or articulating themselves as ‘learners’. Once engaged in the interview however, they provided a rich source of examples of learning opportunities and learning experiences encompassing mostly, non-formal and informal learning. These accounts were influenced by participants’ pre-retirement history where ten within the sample did not have any formal education throughout their earlier lives, typically leaving school at aged thirteen or fourteen years

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with the majority of their employment in manual trades or the service industry. Characteristics of participants' education and pre-retirement employment are shown in the penultimate column of Appendix 4a. Memories of parental expectations combined with changing socio-economic influences and personal circumstances such as marriage and caring had influenced participants' choices of employment and the types of opportunities available for learning associated with employment. These biographies were significant to those who expressed subsequent surprise and joy at their learning achievements in later life, and their newly discovered potential alongside perceived loss, regret and occasional resentment about earlier unmet learning needs:

*“Na, na, not when I was young, there was none of that. If you never had it up her mate (points to head) you know, there wasn't really nothing else for you.” (TG8)*

*“(laughs) The only education I got were life. Well, I learnt a lot in life” (TL11).*

Both these women had very negative early life experiences being withdrawn from formal education due to childhood disability and poverty. TL11 worked in a factory until retirement “and I hated it all”. Despite this disjuncture between the aspirations of others and her own, she was subsequently successful in developing a social club which networked with seventy-eight people across several neighbouring villages. Following several losses and bereavements, TG8 confronted her social isolation and attended local classes where she learnt new skills in crafts which earned her a reputation for being able to “show others” in her sheltered housing scheme. The meanings of these later experiences were very affirming when participants reflected

on previous lack of opportunities and in recognising the significance of situational influences. Two participants with similar backgrounds (TL2, TL4) perceived themselves as beyond 'education'. Jarvis (1994) has commented on these different typologies of learners, which describe relationships between biography and experience and may have different outcomes depending on how people respond to potential learning experiences in later life or conversely, feel unable to engage. Two participants who gained professional qualifications in their earlier lives commented on the lack of recognition and validity given to their knowledge and life experiences when interacting with care professionals, particularly within institutional environments. TL13 complained about age stereotyping during a recent stay in hospital. Despite having been a hospital Matron, she was unable to exercise any sense of agency and complain. She dismissed this experience as being related to what resources were available. This was at odds with her personal high standards and led to her dismissing her own status as a professional:

*"I think that, I might be too, I might be too demanding, my standards, my standards are different. Maybe it's because I was at work, I was in charge. I keep thinking about the times I was in hospital and they even forgot I was there". (TL13).*

TL3 on the other hand clearly articulated the disjuncture between his previous professional status where he experienced respect and autonomy as a college lecturer; with the way he felt staff in a local day centre perceived older people. He felt that the talents, skills, and experiences of older people were being vastly under-used and this impacted not only on the older person's wellbeing but also on the capacity of formal carers to solve problems effectively:

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*“I was thinking, there’s some of them here, I know some of them are disabled and that, but there is enough brain power here, we could rule the country. If they just use that. I mean it’s surprising where you can go to.” (TL3)*

These different views demonstrate that formal education, highly valued in policy statements did not necessarily provide any protective factors when asserting identity in later life, particularly where participants became dependent on others for care and support. Other dimensions such as attitudinal and dispositional barriers can be active in inhibiting older people’s sense of their own abilities and needs. Without exception, all participants interviewed were spending the majority of their time in the limited environment of their own homes. This was mainly due to physical ill health or the onset of a crisis or disability, sometimes multiple, leading to the loss of mobility or a restriction of opportunities to get out and about. Within this context, informal learning activities were cited as a means of creating structure to the participants’ day and providing intrinsic value leading to personal enjoyment and stimulation. Again, nearly all participants held a strong belief that mental stimulation was vital to avoiding intellectual deterioration or in staving off conditions such as dementia, a common fear held by them. This led to undertaking purposefully directed activities towards this end such as reading, doing crosswords and keeping up with current affairs. Five participants gave detailed accounts of their ‘week’ in a way that illustrated their attempts to schedule both informal and formal activities which ensured contact with people within their networks as frequently as possible. This provided some sort of structure to which they could attribute meaning to their daily experiences, particularly where family were not easily accessible or

available. These sorts of approaches to learning were mainly focused on ‘ticking over’ as TG1 described:

*“I don’t put the television on until the afternoon, about half past three in the afternoon and I put countdown on, cos I like to do the figures (laughs)”.*

Overall, an eclectic approach to learning was taken. **The** table at Appendix 8a demonstrates a range of learning activities crudely identified from the data but shows ultimately how difficult ‘learning’ was to define. There was a predominance of informal learning as well as expressed unmet learning needs. Four service users accessed direct payments which provided them with flexibility in combining care needs such as shopping or a visit to health services with leisure pursuits. For one African participant, direct payments facilitated continuing involvement with her local church, where she continued her role as an outreach worker and religious mentor. Others without access to these freedoms expressed frustration:

*“It’s like a caged animal..... I used to go to Keep Fit. I used to go to Arabic classes and poetry and so many things. Because I am stuck in doors now, I can’t access anything and it’s very frustrating. So now I read, read, read (laughs).”*  
(TL14)

This woman had travelled worldwide up until the age of seventy and following several successive health problems had become virtually housebound. Having not “form(ed) bonds that others had formed”, she felt extremely isolated and was craving intellectual and emotional stimulation.

The most common structured activities older people engaged with in care settings such as day care or ‘drop in’ services were arts and crafts, armchair exercises, quizzes and discussion groups. Some offered opportunities for outdoor visits to places of historic interest. A frequent issue raised by four participants was the desire to have more say in the design of learning opportunities within these settings. They wanted more personalised activities, for example being able to explore and resolve financial issues; talk through their loss and bereavements and receive more personalised advice on how to promote recovery from recent disabilities and on health prevention.

*“I would really appreciate it if there was someone who could liaise, give some feedback or teach you something, such as how to manage your diabetes”.* (TL14).

This same woman attended what activities physically possible in her sheltered housing scheme, but felt they had little instrumental value or any real meaning for her:

*“The nearest thing you get to it here is some talks. But they are usually quite a frivolous subject, not really a good debate”.* (TL14)

These themes highlighted common discourses about the principle goals and activities of learning in care services and how these might be negotiated differently. There appears lack of clarity or consideration as to whether learning is intended as a supportive strategy in care settings, from both a policy and older person’s perspective, or whether it is a subsidiary goal located within activity theory and coming from a more functionalist paradigm (Withnall and Percy, 1994). In working towards more effective or tailored learning, service

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users need to have equal information about what is possible; to be able to explore their own different learning needs and styles. This could be combined with support to weigh up or critically assess learning events in order to manage their own health or finances for example. Mezirow (2009) refers to this crucial combination of instrumental and communicative learning when striving towards more transformational learning. He outlines a cumulative approach, which follows a “progressive sequence of insights” (p.94) as possibly indicated by the needs of participants above. This does not only require recognition of one’s discontent and examination of the feelings it engenders, but the ability to take steps with support, to develop new perspectives on issues affecting one’s situation as TL3, clearly articulated:

*“We’re just old foggies as far as they are concerned. They don’t seem to grasp that there is a problem there somewhere and take any notice of the person there, you know” (TL3).*

Literacy about health was a significant and consistent theme throughout the interviews where participants spoke at length about their experiences of becoming ill and dependent and how this contributed to a loss of independence. Key issues emerging in this area were related to the individuals needs to fully understand and comprehend their physical condition; to find ways of coping and making adjustments and to ultimately be more in control of their own health. Without exception, all twenty participants acknowledged messages permeating from government policy and government agencies about the importance of prevention and rehabilitation. Whilst they recognised these in the style of services delivered to them at home and in the community, they noticed inconsistency in the implementation. TL12 for

example initially felt her carers were not proactive enough and stated:

*“A lot of it is to do with the social worker that’s allotted to you a lot is their attitude, how much they get involved. It’s hard isn’t it cos you have no knowledge of what that person was like before that they had a stroke and what sort of a life and lifestyle they had and to spend more time than can be afforded to find out about that person? They do encourage you to be independent and this is what that lady was trying to do the other day, to take your crutch and say, well you want to be independent so go ahead and be independent”.* (TL12)

Seven participants expressed bewilderment about the volume of information given by health and social services, for example, during discharge from hospital. Combined with the speed of arrangements, this prevented participation of older people in setting objectives for their own care. Fourteen participants expressed concerns about the lack of planned opportunities to meet with doctors and specialist health staff to ask questions about their condition, medication and diet and to seek advice about what they should or could do to help themselves and maintain their own health. Many examples were given where participants felt dismissed when raising questions, or in making observations about their own health. They perceived that their learning needs were not being catered for.

*“Yes, what is wrong with me, how can I be helped, all these sorts of things. You know I am a diabetic, I am supposed to have advice on my diet, all kinds of things. I can’t get there”.* (TG18)

The use of technology, particularly computers was another prominent sub-theme and was actively explored in all interviews. Only four participants actively used a computer in their own home. Three of these had benefitted from a local targeted learning programme for older people whom they felt had given them enormous confidence to persevere. Perception that use of computers is not relevant to older people's life experiences reflects the limited ambition of policy-makers and those implementing policy to explore training beyond small projects such the initiatives referred to by participants which failed to become mainstream. Six older service users had close family members living abroad and two used Skype to keep in touch. Only three participants expressed a lack of desire to become more competent in using technology. Frustrations in accessing and using technology included not being able to competently operate a mobile phone, storing significant contact numbers on a landline phone, or being able to use a TV remote control or video/DVD recorder. One person got a book from the library on how to clean their dishwasher. Whilst a significant number of participants relied on relatives and friends to do help with technology where possible, it remained a source of anxiety. Participants described feeling out of touch by not being able to understand or join in conversations about IT, particularly with younger grandchildren. It was however the experience of trying to learn basic IT skills from younger people which were cited as one means of connecting with the modern world and finding common interests.

*"I just made my mind up, that I would never be able to do it. You know and yet I'm not normally that way inclined with most things. I think well this modern technology; it's probably just too much for me"* (TL10)



*“It’s really changed my life for me……. And it’s a source of information, if I just want to play around with it. I can Google earth with it, right over India sort of thing.” (TL5)*

*“Oh I have a go on it every day…….My boy has put sort of, put it into the computer and I’ve just got to click on it. I’ve got a word search on there. So I’ve got things to tax me brain, not that I’ve got much, but, there you go”. (TG8)*

Two people cited the costs of maintaining a laptop or computer as a barrier to becoming IT literate as well as knowing who to contact when things went wrong. It was worth noting that three of the four older service users currently utilising direct payments were fully competent with the internet, e-mail and word processing. As discussed in chapter three, several studies have shown that older people take longer to master technology and experience problems when using common everyday technological devices. As illustrated by the participants interviewed here, this has the potential to compromise their independence, a primary goal for social care. Competence in using technology may also be linked to the effective use of more person-centred care as the link between computer usage and those using direct payments showed. Direct payment users require support to manage on-line banking, accounts, payroll and other services that go with recruitment of personal assistants. Lack of proper support has repeatedly been identified as a factor either in low take-up or direct payments not working satisfactorily (Davey *et al.*, 2007). Evidence of technology driven tasks essential to independent functioning such as on-line self assessments or brokerage support are becoming common within the wider systems being developed within personalisation. There is also more potential for innovation in services by using electronic systems such as telecare which

might transform relationships between service providers and users. Without parallel support, these developments may make it more difficult for service users to act autonomously and so it is important to evaluate and improve their use of everyday technological systems to accommodate their needs to manage their own care.

Another more significant barrier to using technology was sensory impairment particularly problems with eyesight which caused frustration and low self-esteem as TG9 described, when trying to view family photos on her computer:

*“and I couldn’t see them. He said no, that’s as big as it will go. And er, I said, can’t you get it bigger. So it’s very disheartening, it’s very, so it’s crushing, it crushed my feelings so badly”* (TG9)

This highlighted barriers to motivation for learning and engaging with technology where more practical difficulties centre on the access needs of older people with sensory impairments. TG9 had tried hard to engage with the computer by getting so far, but not being able to look at family photos only added to her feelings of isolation and frustration, which affected her self-esteem. Teaching methods could be personalised further with attention to using aids and equipment that addresses sensory impairment and other access needs. Brokerage with ITC education providers could improve responses here, and address older people’s needs to develop ITC skills with attention to follow up with the learner to build on skills learnt to exploit further potential and to help solve problems when they arise.

In summary, there was a range of examples of how learning and associated issues present within the day-to-day experiences of the participants interviewed. Some of the barriers to learning within the sample interviewed illustrated more intractable issues such as educational opportunities associated with class status, lack of self-esteem and power relationships with professionals, which require a more radical solution. The extent of how these learning experiences, needs and issues are unique to older people using care services is explored further in the following two thematic areas

### **8.3 Experiences of using care and responses to concepts of self-directed care**

The quality of support services that those interviewed experienced in their own homes was overall cited as being very good. Except for those service users using direct payments, all of the participants expressed some degree of frustration with the timing of domiciliary services and feeling that their lives were being overtaken by providers' timetables and arrangements with carers. They were however, still willing to trade the security of knowing that they had a known established provider, for the loss of flexibility. These experiences also made the topic of self-directed care very attractive when discussed, and six participants expressed positive interest in the concept besides those already using direct payments. There were two key issues and concerns raised. Firstly many of the service users were already funding their own care and therefore perceived that they would not be eligible for IBs. They did however express interest in exploring ways of receiving support that could be more within their own control. 'Control' was often interpreted by participants as having choice around the timing and type of support and in having more influence in

prioritising their own needs. Without direct experience however, they could only speak about how they anticipated IBs would impact on their lives:

*“It would be priorities first, because you need to prioritise. I used to have my own budget once. Things that are nice to have, but you have got to have the necessities first. My priorities would be to walk first, without that; I can’t do the other things.” (TL3)*

For TL14, for example, independence meant being treated as an adult rather than as a dependent and with services needing to be strongly orientated towards enabling her to take greater control in the support relationship, for example, by agreeing what should be recorded about her needs and support arrangements. She wanted ownership of knowledge about her care and the ability to address concerns about the wider factors getting in the way of regaining independence, and shifting the balance of power between the carers and her. In response to a question about how she could be more involved in devising her own support plan for independence, she replied:

*“Yes, if you are aware of what’s going on, only they come each day but even though you say ‘Oh I don’t feel well today’ they still write, seems OK today. I don’t write anything myself. I think sometimes I am going to add my own comment cos it’s not what I’m telling them like “‘assisted with shower, hair wash, seems OK’”. (TL14)*

Secondly, participants were very concerned about being left to manage their own situation without adequate transition time or backup, and this made them more suspicious about the motivations behind the concept of self-directed support.

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Those people whose circumstances had changed rapidly or who had experienced a recent health crisis indicated that they did not want to have to think about how their care should be arranged, and just wanted someone to be there to make sure all their needs were met. The timing or point at which IBs could be introduced might be when a period of rehabilitation has been completed, and when longer-term support plans were being made. Participants felt that they had insufficient knowledge of what they could potentially do with IBs and how it could be used to solve some of their individual problems. Their responses provided some clues as to how IBs might be introduced:

*“I would want you to help me get the people to do it and help to manage the rota and how to do it and keep the records, that’s what I would want” (TL13)*

*“Yes, if I knew someone who used individualised budgets” (TG20)*

*“Yes like patients who talk to people who have had operations; that would be good. I spoke to somebody at x to get the information. You can’t tell anything from the printed information anyway, you need more, like an induction to it or something. That’s not enough for someone like me.” (TL15)*

Evaluation of the national IB pilots (Glendinning, et al, 2008) emphasized the importance of professional support during the assessment and support planning processes. While users in the pilots valued the freedom to think ‘outside the box’, some had found this a difficult task as in the past, they had been told by the professionals what they could and could not have. They now needed help to learn how to plan and conceptualise their own individualised support. Within the national

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evaluation of IB pilots, a few people highlighted the importance of one-to-one mentoring from people who had already been through the assessment and support planning processes and valued the opportunity of learning from these first-hand experiences. They also thought such mentoring should be extended to cover training on the financial management of IBs. (Glendinning et al, 2008). This suggests that any introduction would have to start with building the individual's confidence and finding some quick wins. Older people in this study were similarly interested in face-to-face or peer schemes that would demonstrate the benefits of self-directed care and also the availability of support planners to explain and carefully pace any changes in their care. This was particularly evident for the two service users who had used services for a long time.

*"I have been having care for 11 years and I'm bored with it. Although I need help, that's the sad part, I recognise I need help". (TL14)*

This particular service user had many issues about the practical arrangements for her care and despite having an adapted car and being quite assertive with her carers about her routine, still felt unable to attend a bible study class because it started too early at ten o'clock in the morning. She could not rely on her care arrangements to get her ready in time. Two thirds of the participants also gave positive examples of encouragement provided in their relationships with care staff and social workers to think more creatively about their independence. With one exception, there was a striking sense of motivation expressed by them to learn how to cope with living alone and to maintain or increase their independence. TL15 was 68 years old and had been confined to her home following a serious accident resulting in

complete dependency on care services over ten weeks. She stated on more than one occasion during the interview that she would rather commit suicide than grow old and be dependent “if this is what it is like when you get old”. TL15 had been active in convening the local U3A and was able to host events in her own home and on-line which she described as “a lifesaver”. No attempts had been made within her care arrangements to acknowledge these needs or strengths.

Within the stories of those interviewed, accepting help from others, particularly from informal carers, was subject to complex negotiations which included many opportunities for reciprocity and the ability to be seen as being able to give as well as to receive. The importance of maintaining some equivalence in any exchange relationship was emphasised so as not to have to accept a position of dependency.

*“Give them (older people) things to do, interesting things to do. We sit for hours for example. I’ve got my garden, I can’t kneel, but I can sit on a stool. I just hope I don’t fall off. And erm you knit (gets out her knitting to show me). People know I knit all sorts of things. So I knit for premature babies and that’s my contribution” (TL7)*

Participants expressed lots of negative comments about how older people are viewed in society and cited some examples where they felt invisible, where age overshadowed their personal potential described by TL11 below who acknowledged the talents of one of her peers;

*“Now this lady, somehow or another I became fascinated with her garden because we pull up (in the day centre transport) adjoining her garden. And then, I were talking to her and she didn’t know where she were going and I thought*

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*that were bloody cruel that were, taking someone eight mile without her knowing where she were going and not saying where she were going. But I saw her garden. But at eighty odd, having done her garden like she had done, she got something about her ain't she? (TL11)*

According to Breheny and Stephens (2009), older people with fewer resources to contribute to a relationship are placed in a dependent position. This imperative to maintain equality in relationships provides the basis for considering of how we work with older people around their health and care needs, where mutual sharing and learning can prevent some of the negative or dependent feelings expressed by the participants. This is illustrated by TL3:

*"I think to be taught how to speak to people. As I have said before, not to talk down to them. I think that to me is very important. If anyone talks down to you, you give up and yes, I think so". (TL3)*

Mezirow (2009) reminds us that imagination of how things could be different is central to the initiation of the transformative process (p.95) and that the process of transformation is often a difficult, highly emotional passage as some of the comments above reflect. Service users' desires may often be shaped by more deferential attitudes to professional expert authority. Their concerns about the responsibility of becoming more 'informed' should be addressed through their early involvement in the design and development of information and learning as well as its consumption. The type and quality of information that service users experienced within care services came up frequently in all interviews. Whilst they recognised that a lot of effort and resources had been put into developing



information and its availability, a number of issues were raised about how they could make better use of the information available:

*“Yes, it’s the face to face things, where I can ask questions and get the answers, which I have found very frustrating”* (TG20)

*“You are just thrown into it and you have to survive. I had a booklet, yes; they did send me a booklet. That was basically about going into a home, not about a carer exactly. Yes, you just got thrown in and had to survive.”* (TL10)

The types of information that participants felt they most needed were firstly, where to access appropriate sources of help, particularly in relation to their health and financial needs. Their ability to access information was very dependent on the attitudes of those who could provide it and opportunities for face-to-face information. Where participants attended organised services and activities, they cited many example of informal information exchange, which was valuable. For both of the black African participants, this provided a very important opportunity to meet with other older people and develop relationships with their peers around common issues, which engendered a sense of belonging to the wider community. Secondly, much of the information that older people needed was not significantly different to what the average population might need. This included how to manage their savings, tax, transport, help with household tasks particularly gardening and cleaning. Mobility issues and sensory impairment were again a main source of frustration in being able to find out everyday information that the rest of the population might take for granted. Those living in sheltered accommodation

surprisingly did not feel that they had any advantage in accessing information and in fact said that many of the activities and events were not accessible to them if they were housebound or disabled. Participants identified trigger points where information was needed to help them cope with a crisis such as completing benefit forms following disability and dealing with finances after the loss of a partner. Recent, close and often multiple bereavements featured in many of the situations of those interviewed and this made it difficult for them to cope with the daily hassles of life such as getting a fridge replaced or getting household items fixed or replaced. Finally, as discussed earlier, keeping up with technology and feeling included was important. Participants relied on the radio, television and daily paper for information.

*“I think I got very tense before this you know cos, we haven’t got much money and I think I left it and people say, don’t leave your money where you are not getting interest. I didn’t know what to do; everything seemed to be a bit of a problem.” (TL12)*

The data revealed that participants had a lot of information to share and give particularly in relation to their own experiences of being a carer, having a stroke, and any opportunities to share this with other older people were highly valued. The idea of reciprocity has also been shown to be an important aspect of managing identity in relation to others (Phillipson, 2000, Breheny and Stephens, 2009). Participants revealed the important ways by which their lives were linked to those of others including relationships with family members, friends and their networks, and the part these played in the way they felt about everyday issues; the past and present. They highlighted those important contacts and relationships that contributed to their social networks and

improved their wellbeing. Participants were also careful to present themselves as ‘independent’. They sought to avoid both others becoming dependent on them and their own dependency on others. This meant it could be difficult for older adults to juggle relationships whilst preserving their independence. The apparent contradiction implied by close relationships with others and independence was described in terms of reciprocity. For some participants, the reciprocal nature of relationships was carefully managed in everyday life through equality of exchange. For example TL11 (see p.111) had ‘banked’ her contribution to developing local networks as a community worker and was now drawing on support for herself following the stroke making her housebound. The exchange of skills with grandchildren, children or in a group setting was one way of exchanging something of equal value. It was used to account for and balance the need for emotional and practical support and to demonstrate independence and maintain personal integrity into later life as illustrated in the quote from TL7 below:

*“And I said to Becky (her granddaughter), I am so grateful, I can never repay you for what you’ve done, you have put me to rights. She said grandma; it’s absolutely nothing when I think of what you and grandad did for Ian and I, cos they were little when they lost their mum. “(TL7)*

This way, reciprocity may be drawn upon by older people to position themselves as independent, even when they need physical help. According to Breheny and Stephens (2009), strong reciprocity norms in society mean that people keep track of the level of support they give to, and receive from others. These often form the basis for generativity and current emphasis on intergenerational learning and social capital.

## 8.4 Participation and citizenship

As indicated above, the participants talked about themselves as participating at a variety of levels. Contribution and connection are among ways to demonstrate and manage identity as an integrated member of the community. When asked for their thoughts about government aspirations for older people, the majority of participants expressed cynicism and disappointment. This was mostly related to bad feelings about having to pay for their care, having to pay tax on a second or private pension, and the costs of services. One of the findings from this study was that older people did not have dramatic or unrealistic expectations from services and had a good insight into some of the challenges faced in the growing older population. They did not aspire to be involved in sophisticated committees or decision making although three participants were very active as volunteers and through community social networks for other older people. Those participants who had very active involvement of their families, tended to be more creative in using their resources to improve their sense of well being. For example those that were ITC literate tended to have children and grandchildren who encouraged and supported them in the purchase of equipment, and installing and using it. Working through bereavements, sometimes multiple was a major factor in feelings of isolation and loneliness:

*“Yes, they have lived in their own home for fifty years, children have grown up and they suddenly have a tremendous sense of loneliness. And that’s where people need to step in” (TL5)*

*“Well the biggest thing to be honest is living alone. I have never lived alone in my life. I come from a big family and*

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*have been married since I was nineteen. I have never lived alone” (TG16)*

Finally, older participants tended to talk about the perceived needs of other older people rather than their own. Their views about participation and citizenship were often expressed by talking about older people as a group in a more objective way rather than referring to their own subjective experiences:

*“I am sorry for them and I can see what the problem is. I can’t see what the government can do about people like that because some of them even if you are trying to help them, they are beyond it. They are not going to change their ways for anything are they? They are always going to be people who die like a recluse more or less” (TL15)*

Some participants referred to their interest in intergenerational learning for example, a desire to mentor a younger person or a young mother. They said that they would value the opportunity to get together with younger people by reading with them, talking about social and local history, and getting involved in local campaigns in relation to preserving the countryside.

*“I think we have a lot to offer, but it’s a question of it being taken up, you know” (TG6)*

*“Oh, why not, if someone’s got some knowledge to pass on, yes, it’s a good thing really. Cos, well there are a lot of things that older people know and understand that youngsters you know perhaps don’t understand, well not just youngsters, other older people perhaps could learn something” (TL17).*

### **8.5 Thematic cross-referencing of data across McClusky's areas of learning need**

This final section looks at some of the themes which emerged when the data was re-categorised within the different levels of learning need identified by McClusky, which facilitated a means of summarising further some of the key issues arising for social care users.

Many of the issues identified in the individual interviews were related to coping needs arising from adjustments that older people have to make and changes in their daily life, such as physical fitness and economic self-sufficiency. Recognition of the individuals needs to develop new skills in managing this transition can be built into the care planning process at particular points. As they become users of care services, older people may require support in maintaining their previous interests and activities, or to develop new ones. It was striking that participants in this study particularly had a thirst for improving their health and regaining as much independence as possible. They welcomed the opportunity to acknowledge this onset of dependency and life course transition, often using knowledge from their own experience of being carers. This motivation needs to be nurtured and supported with quality information and support from professionals, family and peers.

Given that most of the participants interviewed were spending the vast majority of their time in their own homes, how they spend their time impacted greatly on their continuing health and sense of mental well-being. Small, vital, practical adjustments made all the difference to an older person maintaining their independence such as being able to fill their window box, operate a mobile phone, to knit or sew

for a purpose, or take steps to maintain their own health conditions. This helped to lessen feelings of vulnerability as well as knowing that they could have someone to call on. This would suggest having a balance in the type of services commissioned so that they include opportunities for service users to direct their own care and build in opportunities for learning. It was noted that those older people able to utilise technology were more successful in accessing a wider range of learning opportunities than those older people not yet familiar with using technology.

Expressive needs were explored such as those related to taking part in activities for their own sake. Participants were keen to join in activities that brought them into contact with other people, and expressed satisfaction in those activities that encouraged reflection or creativity, perhaps having fun and feeling healthier as a result. Analysis of the service user accounts has permitted an exploration into how and why individuals create or reject opportunities for learning in their lives. This contributes to our understanding of ‘agency’, which is an affective process that relies as much on imagination and emotion as well as what the immediate environment can offer. Examples from the service users interviewed demonstrated that where they had a desire to learn this could not be realised because of visual impairment or unanswered questions about their health. This led to a decrease in desire and a sense of frustration and lowering self-esteem.

Participants referred to their contributive needs to some extent giving examples of where they felt affirmed or recognised in what they were contributing to society as they got older and felt more vulnerable. This was mostly through references made to doing something such as knitting for

premature babies, meeting with younger people, or helping and advising their peers. There were some desires expressed by participants about having more involvement in preparing their own care plans, and having more opportunity for face-to-face dialogue with health and social care staff about their progress, and opportunities to reflect on challenges and achievements in rehabilitation in a more structured way. Participants gave many examples of opportunities to share their own experiences of caring for partners and families, and the significance of sharing knowledge about community resources informally by word of mouth. This enabled them to express their own expertise about care and support needs. Some of the desires for learning evidenced in the data have shown a force capable of change and transgressing widely held assumptions about older people in society. Exploring the nature of older peoples learning and nurturing learning where possible therefore may create opportunities for increasing democracy that are in tension with current more traditional forms of services.

Participants generally felt disengaged with high-level policy and had very minimal knowledge or understanding in any detail about the government's policy objectives for ageing. The data demonstrated many examples where participants expressed a strong perception of age discrimination in society and even within their own peer groups. There was a tendency for participants to objectify and hold stereotyped views of older people as a group, and thus their potential for increased engagement in decision making. For example, humour was a device used by participants to avoid talking about their feelings of being more dependent than they felt comfortable with. Humour acknowledged ageist views that older people were not always perceived as useful or able to play a more fulfilling role in different aspects of their lives



(see Appendix 7e, column 1). Apart from their families and social networks, there was minimal evidence that participants were feeling active or involved in their local community. Many participants expressed a wish to reconnect with both younger people and older people in a more structured way, and to find ways to share skills and knowledge between the generations, for example, in helping younger people with literacy and social history.

## **8.6 Implications for personalisation and self-directed care**

In relation to IBs these cannot be introduced in isolation from the skills that older people might need to engage in the process. There may be learning issues in relation to using IBs but which are hardly mentioned in either policy or the literature. A more structured curriculum within the third sector could perhaps tailor programmes, which included learning opportunities for older people to direct their own care or to collaborate with other service users to share resources or commission specific activities. Participants would also require targeted action to help them capitalise on IBs to address the sorts of skills and knowledge they might need to engage with and manage the process of self-directed care. From the interview data, this appeared to be related to three key issues: assertiveness skills needed to direct their own care; confidence and knowledge about how to access reliable information, and the range of possibilities that IBs could offer and; financial literacy and knowledge about the funding and costs of services. Contrary to previous studies on older people and personalisation (Glendinning *et al*, 2008, Glasby and Littlechild, 2009), about two thirds of participants interviewed were very interested in the concept of self-directed care. Their main anxieties were about the transition process, about who would be able to support them to think

more creatively about their potential and also about being left without support.

There were many good examples of innovation within the voluntary sector in relation to meeting social care service users learning needs. There are further opportunities to broker learning opportunities by developing advisory roles or learning champions through the voluntary sector. Using older people themselves as learning mentors could be progressed through outreach work to people's in their own homes. Four service users were very active in their community through religious institutions and there was a particularly strong evidence for intergenerational learning within these environments where older people took the lead. Whilst older participants were generally satisfied with the learning opportunities offered in care settings outside of their own homes, they also expressed interest in being more involved in co-designing activities. Some older people were interested in sharing their knowledge, skills and experience including involvement in the learning and teaching of professionals.

A lot of attention has been given to training and support for staff to implement the transformational agenda. Equal attention could be aimed at people using services. This might provide additional purposes such as demonstrated in some of the original pilot sites (Glendinning et al, 2008) where training activities were used to assist in the development and implementation of personalisation. Joint learning events with staff and older people were used to feed into the development of a new assessment process, and to build up capacity for peer support networks of people using IBs.

One of the outcomes identified in the evaluation of Link Age Plus was that there is an education element to citizenship by

helping people see the positive aspects of ageing ([www.dwp.gov.uk/policy/](http://www.dwp.gov.uk/policy/)). Bringing older people together and giving them responsibilities can utilise their knowledge and their needs and aspirations to come up with the services that they want. The expert carers programme and peer support for people with dementia within the *Partnerships for Older People Projects* (Windle *et al*, 2010) highlighted how savings accruing from health might be invested as they are of direct relevance to social care and needn't be costly. Meeting older peoples influence needs can focus on helping older people develop a civic engagement or leadership role to achieving social change. The interviews with older people illustrated how challenging it is to develop outcome measures of well-being and quality of life, which includes meeting learning needs or achievements through learning opportunities, and how these might be developed within a prevention strategy. It is difficult to track the financial benefit of the latter, but in relation to higher satisfaction levels from older people in their daily lives, this can make a big difference and is an important part of delivering social capital.

## 8.7 Chapter summary

The ability to 'learn' or to be able to continue to engage with leisure or learning activities were confirmed by the majority of the participants interviewed. Learning is a means of coming to terms with what participants sometimes associated with the more negative aspects of ageing. Personalisation and self-directed care may contribute towards combating ageism in social care (Glasby and Littlechild, 2009). Interestingly older participants indicated a willingness to pay what they consider a reasonable rate for informal and formal learning activities. The main issue seemed to be lack of information

and advice about what was on offer, and how to access learning rather than the cost itself.

Government policies tend to depict service users as active, knowledgeable consumers who construct their identities from the services and support they purchase in the market with demands that services should be more responsive, flexible and diverse. However, the older people interviewed for this study demonstrate that becoming a consumer or director of their own care feels very much like a highly skilled task. Any learning programme facilitating older people to be more directive of their care will need to recognise how acquiring skills will be shaped by where the user sees themselves in relation to age and disability, and how society perceives them. Strategies to develop learning opportunities therefore need to take a wider perspective, where environment, social networks, and individual and community values are taken into consideration.

The following chapter will now draw together the findings from both sources in an attempt to answer the four research questions.

## **Chapter nine: Discussion of the overall findings**

### **9.1 Introduction**

This penultimate chapter attempts to summarise the overall findings from the fieldwork described in chapters six and eight and to evaluate what the study has to offer our understanding of the lifelong learning of older people using social care services. It links key concepts and theories explored within the literature review earlier, to ideas that have subsequently emerged from the research. This chapter will concretise these ideas in its recommendations for my own policy and practice context as well as providing a reflective analysis on the overall value and validity of the study.

### **9.2 Summarising some of the key underpinning themes**

It was established at the beginning of this thesis that the literature on older people embraces a multi-disciplinary field of study on a range of topics associated with learning in later life, some of which were elaborated in chapter three. One of the aims of this study was to develop new insights and thinking about learning and older people within a specific context. It aimed to look at the potential for interrelated and overlapping activities derived from policy in relation to social work practice with older people using social care services. As a group of professionals who play a significant role in implementing policy, I was interested in any outcomes from the research that could inform how social workers might consider the learning needs and paradigms about the learning of older people they work with, particularly from the perspectives of older people themselves. This included how learning, participation and involvement in care and support is

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actually conceptualised within current and future interventions with older people. Given the increasing policy emphasis on personalising services and the imperatives within practice contexts to implement self-directed care as a norm, it was speculated that there may be an opportunity to revisit assumptions about how older people might take advantage of these opportunities, and whether learning is a meaningful concept within the proposed transformation of services. There are also some questions as to the organisational and structural arrangements required for more holistic approaches to community provision.

Likewise, the policy and literature review demonstrated that increasing older people's participation and involvement are cited as priority in the future direction of public services. It was felt important to interrogate what types of organisational practices and partnerships from within the lifeworld of older people are present, to signify the call for co-production from a strategic or systems level. The approach to this study has taken a particular standpoint in recognising the potential exclusion of older people within a critical paradigm. Its interest in and acknowledgement of concepts such as empowerment and in emancipatory forms of learning, have underpinned the search for understanding of how these values and principles accord with the practice reality of social care environments. Building on a premise that there may be a disjuncture between policy developments and their implementation in practice, it also acknowledges critical realism within its search for any new insights about how participation and involvement can be realistically achieved. The overall methods employed within the study were chosen for their potential to explore this tension. Tensions between the rhetoric of policies relating to older people and the realities of their day-to-day lives when accessing social care

services were explored in relation to what it means to ‘age well’ or experience ‘quality of life’. In essence, the study provided a means for more critical analysis of how to integrate or reconcile these different interests towards meaningful change.

The overall findings will now be reviewed with direct reference to the original research questions:

### **9.3 Policy discourses on the participation, involvement and lifelong learning of older people using social care services and their realities**

The main policy problem within the policies examined has been articulated as the increasing demography and potential burden of older people in society, who need to make the transition in later life by becoming more independent and take more individual responsibility. Given the facts outlined within each policy examined, it is hard to be critical of these underpinning concepts and the persuasive nature of arguments that promote personalisation and proposed co-productive approaches to public services. Looking more closely at particular policies enabled a number of assumptions to be questioned. These include explanations about older people’s social exclusion and thus questions arose in the analysis of how these take account of structural and cultural changes in the interface between old age; becoming a service user and making the transition to dependency when the need arises. Perceived causes of exclusion within the policies examined sought to legitimise a shift in the balance of responsibility from state to individuals and communities, and a move towards more mandatory forms of participation which use the market as a central mechanism. Examination of a representative sample of

relevant policies in chapter six revealed a particular tendency towards prescriptive forms of promoting inclusivity particularly through those local agencies and organisations thought to be otherwise unable to rise to this challenge of their own accord. This is contrary to some of the indicators within critiques and research about social care and lifelong learning that cultural changes in the meaning of participation in services for older people may put them beyond the government prescription for inclusion (Formosa, 2002; Scourfield, 2007). Some of the narratives from older participants expressed sophisticated desires around the themes of independence, dependence and interdependence, particularly when taking advantage of learning opportunities and opportunities to participate in their own care and in that of others as they arose (see p.120). However, there were some real barriers in relation to mobility and sensory impairment. Participants referred to an all consuming focus on just keeping going by ‘surviving’ (TL7) and ‘keeping a low profile’ (TL2) which made aspirations for a higher level of citizenship appear remote. As Lloyd (2000) has argued:

“..the possibility that older people may embrace an identity in later life that encompasses these themes as connected realities of their existence appears to be ignored. As a result, the complexities of many older people’s lives are at risk of being oversimplified with the genuine areas of dependence that older people may experience likely to be perceived as a consequence of their inadequacies rather than their frailties” (p.176).

If policy documents are to be read as the sedimentations of social practices, they have the potential to inform and structure decisions made by professionals and older people



on a practice level. My analysis revealed some of the ways in which policy attempts to stamp its authority upon the social world it describes. Analysis of style for instance reflected some biases on the subjects it addressed (see p.93-95). One might conclude that this goes towards precluding a more detailed discussion about what is genuinely needed to transform services. The documentary analysis highlighted the aspirations and intentions of the government and their expectations about relationships between those involved or considered responsible for the involvement and participation of older people and their potential for self-directed care. I recognise that the documentary analysis of the selected policies were overall quite impressionistic. However they did allow for contemporary accounts of the situations of older people to be set within the political, social and economic context at a particular point in time. The documentary analysis also allowed some comparisons to be made between the older persons interpretation of events with those recorded in the policy documentation.

#### **9.4 Relevance of lifelong learning within the ‘transformation’ agenda in relation to promoting self-directed care**

The documentary analysis revealed assumptions made by policies, which shape how society sees older people and their potential for learning. These opportunities were grappled with in the *Learning Revolution* although there was not a great deal of attention given to older people overall. Nor was their sufficient articulation of the spaces needed within social care services to promote quality of life through learning. The subsequent interim report *Enhancing informal adult learning for older people in care settings* (Aldridge, 2009), however, offers a number of inspirational examples of work required to

support development of innovative provision supported by ring fenced funding. It also had something to say about how professionals position themselves and find practical ways to promote social inclusion through learning activities. It additionally spells out mutual benefits for staff in terms of increased job satisfaction and other associated rewards making learning a two-way transaction.

Personalisation has become a popular term within social care and constitutes a wider move towards the personalisation of public services and the promotion of individual responsibilities within social policy discourse, including education, health, welfare and social care. Personalisation is not a set of neutralised practices but is used in this study to explore trajectories in education and social policy, and to aid understanding of any continuities and contradictions in the development of support for older people on a practice level. There has been a paradigm shift in the personalisation agenda away from expert discourses. Expert or professional discourses have tended to emphasise linear thinking, standardised practice and impersonal approaches to older people couched in professional jargon. Professional and hierarchical cultures are also promoted by these discourses. One can see why policy has therefore moved on, in an attempt to put users at the centre of the care planning process. The language of policy is undoubtedly attempting to be more holistic and enabling. These paradigmatic assumptions resonate not only with Habermasian imperatives to engineer opportunities towards deliberative democracy, but to build a shared power and network in order to enhance people's capacity for change.

In older people's services, however, there has been a relatively undeveloped tradition of activism needing to be

nurtured before older people can exercise genuine choices (Jonson and Larson, 2009). This was illustrated in what older participants said; their lack of ‘know how’, and experiences of set-backs when trying to be more assertive in relation to their healthcare, or in caring roles. These problems become magnified when associated with strong expectations from central government for older people to direct their own care, and unless these realities are recognised with a focus on how personalisation can be achieved, such tensions are not conducive to achieving policy objectives. Reconciliation will require a stronger focus on the barriers that older people face, not only organisational where “separate departments working in rigid agencies” (*Opportunity Age*, p.ix), but in their relationships with professionals. A paradigmatic shift in practice to build on the individual’s older person’s strengths and abilities is needed to capitalise on personalisation. This must value what service users bring to the situation as demonstrated in my participants’ views about how professionals were currently relating to them.

Whilst there was frequent mention of the importance of provision of learning ‘opportunities’, within policies, there was minimal acknowledgement of a lesser instrumental role of learning in later life; its more tangible and intrinsic qualities or the layering of actions at the individual, community and organisational partnership levels necessary to make learning opportunities a reality. Any curriculum within the service development agenda needs to be aligned to the citizenship agenda in order to assist older people in assessing and asserting their participation and involvement. Users interviewed in this study were certainly capable of directing or contributing to this curriculum.

In his examination of self-help learning, Allman (1984, p.87) claimed that learning to enhance the quality of life of older people has to focus on enabling learners to be in control of both their thinking and actions. Any learning interventions should therefore endorse principles of collectively and dialogue central to the philosophy of education and learning. From this perspective, self directed care is not likely to be taken up by its intended audience following an imposed set of prescriptive guidelines and strategies (what Habermas terms 'strategic action'). It needs to be embraced as a concept which conceptualises support as a collective and negotiated enterprise. Building in and recognising learning within these types of structures and associated interventions, might go towards facilitating the genuine transformation of conditions that promote the empowerment and participation of older people as part of the solution to the challenges of later life. According to Wang (1999) negative images of older people also contribute to a point of resistance. Whilst older people have acted as active agents in resisting the effects of the negative image of old age by constructing counter discourses, we can also see how in policy, the proposed structure for transformation might also constrain their freedom of choice. Participants in this study demonstrated a range of reactions to ageism, some which they internalised, and some which revealed more critical understanding as demonstrated in some of their comments. Prescribing structures and forums for participation at the local level as illustrated in the policies examined, leaves little room for reflection on the structures that older people might themselves suggest or wish to use.

## **9.5 Opportunities for participation, involvement and learning in light of policy changes**

Older people's stories of their learning and social care experiences provided rich insights. Their accounts were shaped by the linguistic and social conventions available for telling these. For example, the data captured on learning was not generally given in response to direct questions about the phenomena of learning itself, but was found embedded in participants' day-to-day experiences of living as an older person involved in both negotiating their way through and as recipients of social care services. Their stories therefore demonstrate a cultural repertoire used to provide a glimpse of the process through which older people tried out versions of themselves. For example the way in which they characterised themselves in particular ways and articulated these. One example is the way in which they described or even denied themselves as being a learner, or an older person. These were often conveyed through their use of humour and/or expression of accompanying emotions such as surprise, anger or disbelief associated with their interactions with professionals and carers (see TL13 on p.112 and p.115). A second example was about their expectations and actual experiences during the journey of adjusting to being dependent within these individual accounts. Accounts of learning were also significantly shaped by the individuals' background, social location and previous experiences of education and work (see TG8, p.11 and TL3, p.113). Overall the interviews were useful in facilitating a conversation or dialogue about the phenomena of learning within social care, which was not always easy to articulate. This gave rise to a situation of greater complexity than is allowed for in more official accounts in policy, about the learning opportunities offered, or where older people have been invited to 'seize'

learning opportunities in order to achieve full participation (*Opportunity Age*, p.xvii).

Individual interviews with older people illuminated the personal meaning of lifelong learning and the significance of learning opportunities and learning activities in their use of social care. I was able to elicit from my data an account of critical realism not always reflected in policy statements. For example, it became clear when listening and interpreting the data that many of the older people interviewed, struggled to exercise the control and choice cited as being central to those government policies examined. This particularly related to their experiences of having care and support delivered within their own homes or how far interventions addressed health prevention or health improvement. The narratives of citizenship within the policies examined, and the proposed reforms in relation to self-directed care seemed to have been scarcely acknowledged by the older people interviewed. This echoed earlier research from the IB pilot sites (Glendinning *et al*, 2008). Nevertheless a number of issues were raised by older people about aspects of paternalism in services for which they felt such alternatives offered potential, and these were evident in the opportunities experienced by those already using DPs. Where self-directed care was acknowledged, there were enormous gaps in participants knowledge and understanding. This is despite of many of the references to personalization in the policies examined, being underpinned by a supposition of the characteristics of service users; those of being in the driving seat, being willing and in a position to maximise control over their own lives.

Participants interviewed in this study were more likely to be the subjects of information, for example, the person who had her daily care record completed on her behalf (TL14, see

p.120) and the overt reliance on practitioners to mediate their information needs. One aspect of participation might be to find ways for service users to move towards being partners in the creation and management of information, particularly personal care records, and in the way this is used by practitioners and organisations they regularly interact with. Such ideals are enshrined within Habermas' (1984) 'ideal speech situation'. For example, there were a number of references to interest in peer support and mutual exchange of peer information. This reinforces ideas about how important people are in the process of exchange or in their role as change agents in the relationship between the structures, action and learning as highlighted by Jarvis (2009). There appears to be a degree of learning that older people need to invest in, to take advantages of choices available. This is something to be considered in the proposed changes for how care and support is delivered and the increasing role of voluntary and commercial sectors. There are many potential opportunities offered in relation to the development of brokerage provision.

To some degree, there has been a trade off between the developments of information in written form in the attempt to provide quality information to service users with more face-to-face exchange. Participants in this study experienced the latter as a more residual service where the lack of information to meet specific needs had adversely affected their well-being. An interesting aspect of information and its exchange was expressed in the enthusiasm participants had for information technology. Older people have been relatively neglected as IT users, and often being seen as a minority user group. As indicated in the literature review, however, they are simultaneously placed at the centre of IT strategies such as the increased use of telecare, and reliance on electronic

resources to operationalise personalisation and its associated self-assessment. Participants indicated a great deal of unmet learning needs in this area. It was also noted that their desires to be more IT literate contradicts those grander narratives promoted by government who cite technology as being suited to ensure decentralisation of services to the individual. In summary, how older people engage with, and are perceived by services and the systems they encounter, whilst seen by central government as being shaped by technological developments, this was not consistent with the experiences of those participants interviewed. Therefore, any developments in self-assessment and IT systems used to implement individualised budgets would need to take account of this.

### **9.6 Accessing and personalising social care services for older people and how are their interests being served?**

Discourses identified in the policies examined assert that limited resources combined with the desire to enhance service users' choice and control is at the heart of the problems that surround the implementation of the new policies for adult social care. This inevitably causes tensions at different levels. I will return to this issue in the conclusion of this chapter when considering potential solutions. Notwithstanding these tensions, the documentary analysis demonstrated that there was an imbalance of how participation, involvement and learning is conceptualised within those policies examined. This resonates with what my participants said about their experiences of being seen as dependent or potentially dependent, and through their comments on the costs of services and the impact of their health problems. There were indications that some service users were struggling without support for some of the most



basic skills which makes it a significant conceptual leap if they are in theory to commission, arrange and manage their own support services. Conversely, there is much less emphasis on older people's contribution or potential contribution and what they can offer besides volunteering, which is highly emphasised in the policies examined. This 'problematism' of older people within policy makes it more challenging to consider other levels of learning need explored and described in the individual interviews. In conclusion a language of pathway dependency that falls in with traditional life course theory was adopted uncritically in the policy literature.

Rhetoric in the policies examined (with the exception of *The Learning Revolution*) gave an illusion that progress is being made in relation to transforming services without actually doing anything. It pays lip service to the notion of any collective identity and resistance of older people to structured ageism. This was demonstrated in the interviews with older people who highlighted many instances of lack of freedom of individuals in exercising their will and choices. Liberal notions within the policies suggested otherwise. In short, attractive terms used within the policies should not distract us from developing a critique. There are already a number of well developed critiques on personalisation, particularly in relation to its assumptions of users being informed, flexible, entrepreneurial and able to make choices from a range of public and private provisions and where choices and risks become increasingly individualised (Ferguson, 2007; Scourfield, 2008).

## 9.7 Review of theoretical and conceptual framework

Using methods that take account of the systems and lifeworld provided a framework of analysis to examine coherence or dissonance between the rhetoric, and the reality in relation to the research area as well as showing the relationship between the two, and what sort of gaps and silences might be present. As Habermas constructs (1984), not only is language or speech action inherently important in both spheres, but changes in policy make it more important to analyse what discourses are permeating aspects of social life and how they can be deconstructed. For example there were instances where older participants internalised such discourses, for example, the use of humour to convey their true feelings of what they perceived to be the value of older people in society. Recognising this, permits one way of thinking about the pervasive effects of language and strategic action and how it shapes the social life or lifeworld of older people and those working with them.

Government according to Foucault (1980) can be seen as a social practice which attempts to structure aspects of our social life in a distinctive way, involving particular groups of people in particular relations with each other (such as politicians, local government structures and organisations, professionals, users, carers and the community). As the social practices of government change, for example, in the asserted move and imperative toward personalisation and self-directed care, normative ideas emerge that demographic change can just be “transformed into opportunities” (*Opportunity Age*, Executive summary, p.xiii). Critically perhaps, the very formulation of policy itself presents a number of problems which need to be grappled with.

Professionals working in social work and social care with older people are caught between a rock and a hard place, where on the one hand they are directed by policy initiatives, and on the other are striving to empower those they are working with in an environment of increasing need and diminishing resources. Bureaucratic and managerialist solutions permeating care work were documented in the policy and literature review (Means *et al*, 2008). Habermas (1984) refers to these as instrumentalism, i.e. concerned with efficiency and getting the job done. Bureaucracy is the organisational counterpart of instrumentalism and can give rise to formulaic approaches to how social workers work alongside service users. Instrumentalism can distort recognition of differences between people and particularly their potential when subjecting them to procedures and guidelines as seen in every day assessment and care planning with older people. According to Blaug (1995), most social policies are replete with instrumentalism. Combined with bureaucracy, it requires effort on the part of professionals to identify and prioritise interventions such as learning at the front line. Habermas's emphasis on language and communication however, asserts that these have their own kind of rationality. Communication is constantly under attack from instrumentalism or in the process of being colonised. This challenges us to consciously think about how we might avoid limiting ourselves to further instrumentalism by engaging with older people themselves as opposed to unquestionably implementing policies particularly new ones.

“Rather care is a matter of face to face interaction, of learning; understanding; of something which cannot be captured or even conceived in terms of instrumental reason” (Blaug, 1995, p.427).

Education and social care are provided by structures where instrumental methods are unavoidable and even necessary, but where the interaction between the professional and older person must remain paramount. This can also incorporate the act of problematising power within the older person's life world and recognising how power is exercised. Enabling and establishing ethical communication and reflective process within moves towards self directed care, by using learning as a mediating force as well as identifying what aspects of education or learning are especially important for older people using care services.

In relation to the opportunities for involvement and participation formulated within the research questions, the documentary analysis revealed that colonisation has a tendency to be present in the way that user involvement and empowerment was instrumentalized within the discourses present. Critical theory offered by Habermas is attractive in thinking through how undistorted communication within these forums can be maximised. The research study has enabled me to distinguish between meaningful participation through listening to the experiences of older service users (the former being out of step with government ideology) and identifying contrary notions like consumerism in policies.

“We therefore, require a better understanding of the implications of communicative reason, of how to judge when participation is meaningful, and of how to *decolonise* our institutions”. (Blaug, 1995, p.430, his italics).

What is being suggested here is that both professionals and older people can engage in processes where dominant and political ideologies might be deconstructed? Moving towards

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the ideal speech situation might involve older people being given tools to enter into their own discourse around participation in their care. Emancipatory methods of learning might be one method which could facilitate their power of criticism, critique and hence genuine transformative experiences as a user of care services. As discussed in the literature review, critical theory is not new to social work or education practice. Habermas's and Mezirow's theories call for a more meaningful inclusion of users in the design and operation of services which has implications for how they are commissioned, assessed and resourced. Far greater attention could be paid to support older people in achieving more satisfactory and fulfilling lives by recognising their potential to learn, and develop their skills in a way that enables them to take advantage of policy imperatives and implementation on their own terms.

The documentary analysis of policies revealed that where 'learning' was mentioned there was much potential for intersubjectivity including objectified images and stereotypes of learning and the extent of what older people are expected to achieve (see p.90). This has to be seen against what older people said themselves about their desires and what they might be capable of. Recognising this disjuncture can lead to transformative perspectives. This requires educating professionals to work in different and sometimes new ways, in partnership with older people. This may go some way to reaching a consensus from which they might make tentative conclusions or develop new models of learning or practice which harness learning strategies, and the contribution towards achieving optimal conditions for transforming adult care. This type of approach will then seek to value the changes that partnerships bring. In fact all the documents examined in this study emphasised the importance of

collaborative working to improve delivery of services to older people alongside transfer of services into the community.

In summary, paying attention to the lifelong learning of older people using social care services might facilitate a challenge to traditions of care. One of the outcomes of this study has been to draw conclusions about how policies from different disciplines have harnessed personalisation as a means of warding off discontent. The way in which policies referred to the structures of support and how they need to change however is uni-dimensional and detracts from any potential for communicative action or prioritising more innovative ways of working with older people on the ground. This calls for a need to restore the balance between the lifeworld and strategic action. What came out of the interviews with older people and not addressed within Habermas's construct were the perspectives that participants expressed on their own subjectivities, emotions and sense of agency. This was exemplified in the way in which older people tended to diminish their own potential through the way they spoke on occasions in a derogatory manner about themselves and other older people. It also included their accounts of being motivated by learning experiences, which may also have contradicted their previous expectations of learning. Older people using services therefore will not always act out the roles prescribed for them by the system. Another surprising element was the range of emotions around learning which need to be taken account of within relationships around care. In conclusion, this has implications for social work and other professionals in working with older people. There is a need to remedy deficits of how power operates in the lifeworld rather than meeting the structural deficits in relation to the growth of older people.

## **Chapter ten: Summary and final reflections**

### **10.1 Introduction**

This final chapter provides a critical reflection on the process of the research and its findings. I identify the implications of the outcomes of the study for my own professional and practice context and critically assess the contribution made to the research topic and area. This chapter includes an analysis of what I might have done differently and the consequences of the different choices made during the research process. I also critically reflect on how my theoretical position has evolved during the development of the thesis building on the review of the theoretical and conceptual framework in chapter nine (see pp.153-157).

Given that the fieldwork for this study was conducted in 2009 and the fast moving pace of the research context, it has been necessary to critically reflect upon significant changes that have occurred in both policy and practice during the period of writing up the thesis. This is particularly pertinent in relation to those specific policies and professional practices around personalisation and self-directed care that have since evolved, and taking into consideration more radical changes within the socio-economic and political context following an economic downturn. I indicate what future research is required as a result of my findings, with suggestions for specific research questions to be taken forward. Finally, I have been reflexive about my own research journey and identified what I have learnt through the process of undertaking this research.

### **10.2 Outcomes from the research**

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Details of the findings in relation to each specific research question was summarised and discussed in chapter nine and so an overall summary is provided here. My research commenced in 2005. This coincided with very early thinking about older people's participation and involvement and how government policies proposed to take this forward with older people using social care - a group identified as being very marginalised and excluded. The topic originally emanated from my interests in how far 'learning' existed as a phenomenon within the activities of social work practice. This was highlighted by some of the contradictions that appeared in the practice experiences that I observed from my teaching role. My interest in different discourses on lifelong learning within public policy and lifelong learning theory led me to consider the potential application of these within social care and within professionals' relationships with older service users. I originally set out to explore how social workers might work more holistically with older people. I set out to consider what skills and knowledge older people may require to engage more effectively with services, as well as to make proposals as to how social workers could develop their professional practice to meet these. As I was developing my research study however, the government moved towards a more radical transformation agenda which subsequently became the primary focus of my research. My research questions were framed specifically around whether lifelong learning could be a meaningful concept with which to engage older people in promoting personalisation through greater involvement and opportunities for self-directed care. It, therefore, focussed on exploring tensions between the policy rhetoric and practice realities.



In hindsight, I remain satisfied with the research questions developed. This enabled me to capture rich data on which to conceptualise how the implementation of self-directed care might be supported i.e. through capitalising on learning opportunities and engaging with the process of exchange of ideas between older people and professionals and which is relatively cost free. In short, I attempted to conceptualise older people's engagement with self-directed care as a specific form and process of learning, which has not been clearly articulated in any of the relevant policies examined.

As research is inevitably a fluid process, and the implementation process for self-directed care has since progressed, it would be useful to extend the original research questions further to explore the actual and physical experiences of older people who have since been on the receiving end of IBs, alongside examination the different processes that professionals have engaged with, to facilitate these. Some of these practice approaches, I suggest, may be capable of transgressing the ongoing challenges in the political and socio-economic environment. By this, I am referring to developing different mechanisms of communication and pedagogic approaches to harness service users' capabilities during exchanges between older people and those supporting them.

### **10.3 Reflection on the methods used and what might have been done differently?**

My study eventually focused on two main perspectives or stakeholders in the implementation of self-directed care and excluded others which may have offered further perspectives. The consequences of the choices made during the research process are outlined below.

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### ***10.3.1 Documentary analysis***

Documentary analysis, particularly across different policy disciplines, confirmed that stakeholders were, and still are, pulling in different directions. Whilst these issues were already documented in the literature, the examination of specific policies across a defined policy making period allowed me to explore in depth, some of the underlying inconsistencies and highlight the complexity of issues involved in developing a more integrated approach. This could not have been achieved by simply referring to the policy context alone. Documentary analysis also provided opportunities to cross-reference the evidence and the knowledge-base on older people's learning with other concerns about their support, which previously had not been captured to any extent. Documentary analysis alongside individual interviews highlighted how policies do not seem capable of driving coherent action at individual, community and interagency levels. Further, lack of attention to older people's learning is perpetuated within the limited references made to learning across the different policies, for example, social policies and policies on social inclusion. By deliberately choosing a policy that claims to be solely concerned with learning itself (DIUS, 2009), there were some significant findings. By examining selected areas of the policy documents more closely, learning was found to be linked to superficial activities and certainly not in keeping with what is known about its importance to later life as documented in the literature. There is also a failure to address practical barriers or access needs referred to by the older people interviewed in this study. Within policy documents the rhetoric of participation, therefore, remains very much focussed on the individual. It makes assumptions about older people as active consumers in an

environment where poorly developed partnerships between the different sectors are actually failing them.

One of the main rationales for undertaking documentary analysis was to attempt to move beyond the mass production of separate policies which indicate the direction of services to older people, and to look across different disciplines in which policy making occurs. This sought to ascertain where there might be more 'joined up' strategies and person-centred approaches in which different levels of government are working together in close partnership with other public, private and voluntary agencies. It sought to ascertain where these were working together with older people themselves in trying to promote personalised support and self-sustaining systems of improvement. The governments' rhetoric of new forms of governance and public services are designed to cut across traditional boundaries and divisions between these policy disciplines. The analysis of a selection of policies revealed insufficient theory or strategy to facilitate more focussed reform at the practice level. Such radical reform needs to be based on something more tangible than just a broad ideological narrative. In the absence of a clear overall theory of change, based on a coherent logic and clear practical action, the proposed reforms affecting older people can easily add up to little more than a plethora or succession of unconnected initiatives. These may then have actually contributed very little to meeting the needs of older people using social care services. At a time where there are opportunities for innovation, change appears to be an encounter based on obligation rather than in the spirit perhaps intended.

The methods I deployed were considered complementary in order to answer the research questions. Documentary

analysis was utilised alongside examination of the ‘subjects’ of policies by exploring their actual experiences to generate empirical insights. The main focus was on the opinions of different actors in a process that is not linear, but interactive, and possibly contested. Whilst only a small sample of policies were examined, by examining two policies outside of my immediate discipline from social inclusion and education (DWP, 2005; DIUS, 2009), I was able to locate both policy and practice in a wider and social and political context, in which policy is less linear and networked to different groups and interests in society. This approach was selected on the basis that practice knowledge is diffused throughout society and shapes policy-makers’ thinking about specific policy decisions.

The documentary analysis required making some assertive choices which had inevitable biases. These choices were made as transparent as possible in chapter five. Establishing a focus for studying the lifelong learning of older people using social care services turned out to be more of a challenge than initially envisaged given the enormity of some of the themes tackled, and the breadth and depth of the literature and material involved. It was not without problems, as the inconsistent nature of the four sources and difficulties in stabilising the policy data took much more time than I originally envisaged. The method did not lend itself easily to the computerised qualitative data package I had selected. This led me to learn about the pros and cons of documentary analysis and the compromises I had to make along the way. I have tried to reflect this in the discussion on the data achieved. What I think I have done well, however, is to make explicit links between my research questions and the overall data analysis as outlined in chapter nine. Despite its challenges I was still able to answer my

research questions. In short, there were some distinct advantages to the documentary analysis over examining policies as context only. I believe that my chosen research method has potential for some innovation in this regard, as well as being timely, given the opportunities afforded by a seemingly radical shift in government policies affecting older people.

### ***Interviews with older people***

For those older people interviewed during this study, this seemingly paradigmatic shift towards involvement and personalisation were yet to enter their everyday experiences on the receiving end. Outcomes from the research, therefore, demonstrate that, despite the rhetoric around participation and involvement, actual implementation remains strategic and superficial. With regards to learning, the interviews with older people demonstrated significant aspects of learning embedded in their everyday experiences of using social care. The application of McClusky's framework enabled me to identify different levels at which learning could be conceptualised and aligned with policy aspirations for greater involvement and citizenship. Using this framework as a research tool enabled me to identify that whilst most of the evidence given about learning lay in McClusky's lowest levels of engagement, the older people interviewed also revealed considerable untapped potential for learning. Combined with consideration of the older person's agency, I concluded that this potential could be capitalised on, to deepen their engagement and control over services.

### ***10.3.3 What data from professionals might have contributed***

An alternative may have been to include professionals in my research which may have highlighted issues around the nature of user-professional relationships and the presence of learning in these exchanges. I acknowledge that there is a potential gap in the research in relation to the views of professionals responsible for assessing and purchasing or arranging services, as well as those who are involved in providing services to older people. I had initially intended to interview professionals alongside older people and had included a focus group of professionals in my pilot study. However, as stated earlier, (see p.10-11 and p.163) as my research focus evolved, I deliberately chose not to interview professionals as during the time that the fieldwork was undertaken, most professionals had minimal experience, if any, of implementing personalisation. The publication of the national evaluation of IBs pilot studies had also focused very much on professional and organisational perspectives. I decided to primarily explore the discourse or voices of older people on how they positioned themselves in relation to policy using Habermas's systems theory. One of the outcomes of the documentary analysis of policies has since revealed the relative silence of professionals, something I would not have realised from reading the policy context alone. This source of data will therefore be useful in framing future research with professionals on their vertical and horizontal relationships with both government and service users. The study revealed that the engagement of professionals and providers in the debate is strongly indicated and this issue is addressed in section 10.7 (see p169), on further research required. Further, the use of other research methods such as observation within care settings

could have added a further dimension on how different types of learning traditionally conceptualised in the literature, are present. This could also offer some direction about where learning and self-directed care may fit together in practice. These are methods that could be considered in future research.

#### **10.4 Contribution of the findings to the research area**

A review of government policies and accompanying guidance in social policy, social inclusion and education in chapter two, revealed the extensive debate about how ageing within the context of continuous change, complexity and uncertainty can offer rich opportunities for innovation in service delivery, learning and creativity. Questions were posed about the types of knowledge, skills, experience, capability, disposition and confidence necessitated by older people to take advantage of opportunities within these. They suggested that learning and meaningful participation provided such strategies. Older people and those working with them need to have the structures and support networks to help people manage and make sense of their ageing and other experiences in order to ‘age well’. It was suggested, therefore, that the challenges posed in personalising services should include and actively incorporate strategies to support transition to self-directed care. Learning may constitute a key element of developing these strategies. This requires the creation of certain pre-conditions and a mutual understanding of both what is being aspired to, as well as of the process. These are the foundations for achieving genuine shared responses to social care needs, as well as to develop the appropriate support and to promote the development of citizenship within those accessing and using social care services. Given the paucity of current research into the

presence of learning in the experiences of older social care users, I feel that I have made a contribution here, and developed a baseline on which further research could be conducted. I also aimed to make links between the learning of social care service users and the potential offered within the proposed transformation of social care services within government policy. I suggest that there are wider implications for the implementation of self-directed care in a number of fields such as commissioning, brokerage activity and the education and future practice of professionals working in social care.

Secondly, a review of educational theories in chapter three revealed that there is no single perspective in lifelong learning and a relative silence around this specific group of older people, whose learning is under-theorised within the social care sector. This study attempted to synthesise, evaluate and summarise the vast literature relating to older service users by crossing disciplines and mirroring policy imperatives for cross sectoral working. The systematic questioning of assumptions within government policies enabled me to conceptualise the notion of ‘learning’ within specific care situations. Combined with interviews with older service users themselves, this enabled me to explore and identify any special characteristics within specific care scenarios where they may have been previously marginalised from discussions about learning and learning opportunities.

### **10.5 Evolvement of my theoretical position**

This study utilised critical theory in its approach to the topic and proposed that more personalised care could be improved by giving greater attention to communicative practices.

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Learning was explored as a mechanism to aid communicative practice in tune with Habermas's ideal speech situation within particular relationships between older care users; professionals; their institutions and central government. Social workers have to engage with legal injunctions and procedural rules and the future consequences of decision making. All of these issues have a bearing on professional integrity and social work must commit itself to an "intellectual artistry" (Houston, 2009, p.1275) that relies on reasoned arguments about the way it practices. This is an area relatively unexplored and suggests that there may be a role for learning in promoting moral discourse within professional practice. Habermas's later work on discourse ethics (Habermas, 1990) could provide a potential framework for this. One criticism of Habermasian ideas within social work includes their failure to incorporate a satisfactory understanding of how power operates in encounters involving individuals and wider social forces (Garrett, 2009). It could be argued that Habermas's interpretation of the role that state welfare fulfils is flawed, particularly since welfare provision has diminished. Another criticism is that Habermas ignores other significant dynamics such as gender and it is acknowledged that these critiques were not specifically addressed within the study and merit further consideration.

Foucault's concept of governmentality was also considered as a theoretical perspective suited to the consideration and analysis of older people's learning beyond policy announcements in different spheres. The learning of older people using social care services is a multi-faceted discourse which represents knowledge about their participation and engagement at a turning point in policy making. Looking at the different discourses from a Foucauldian perspective may

have provided an alternative analytical tool by putting the question of power centre stage. It could be useful in examining how the ideas about older people's participation and learning is disseminated through policies, and to examine what power relations exist in relation to their every day experiences. Foucault's work has assisted in our observation of some of the two-way power relationships between government and individuals, and the interplay between internal and external influences, as well as its more pervasive nature. Foucauldian approaches, however, may also be limited in offering any new theories or alternative ways of interpreting existing discourses or dealing with the ambivalences of self-directed care. As I was particularly interested in the role of communication, Foucault's main focus on governance was felt to be limited for my own purposes. Another recurrent critique of Foucault's work is that it leaves no room for 'agency', which was a significant issue arising from the interview data. The question still arises about what can drive personal and social change. It might, however, be useful perhaps, in any further or future research to grapple with some of these issues which examine where power might be re-located within social work structures and encounters. Because power is productive, there is scope to produce new forms, perhaps through the promotion of approaches that engage with learning to generate new possibilities.

### **10.6 The utility of the findings for current practice**

Since undertaking the fieldwork for this research, the political and economic landscape has changed significantly. Measures announced in the 2010 Comprehensive Spending Review have to be viewed in the context of the already relative paucity of provision for older people identified in

the literature review. Questions should be asked as to how provision will be further affected as the precise impact depends on how cuts in public expenditure are distributed by local authorities. Some of the evidence so far (Walker, 2011) indicates that on the one hand, there will be substantial under-provision at the high end of older people's needs and, on the other, virtually nothing of a preventative nature at the lower end. Current trajectories demonstrate that population ageing, and the increased cost of care, requires at least a real term increase of 3.5 per cent, per annum, just to maintain the current level of access of older people to public support (Forder and Fernandez, 2010). Whilst the coalition government has announced 'protection' for adult social care, in the absence of any ring-fencing, it is predicted that there will be significant further exclusion of those older people with high needs from full support as well as further reduction of all recipients of state support (Forder and Fernández, 2010). As a corollary of these reductions, the number of older people funding their own support will rise and appear to veto any progressive social policy advances in the form of narrowing of the social care gap and precluding a more preventative approach (Chamberlain et al, 2010). One might conclude that any immediate prospects for developing and expanding the quality of care appear bleak in the short term and that attention to learning in the face of not meeting the most basic needs remains merely aspirational.

There is, however, consensus that personalisation is a significant way to reform public services. Central to New Labour's approach (1997-2010) to social care services was the belief that services should be tailored around the people who use them in both health and social care. Since 2010 the Coalition government has indicated its desire to maintain the

pace of personalisation and of IBs in particular, and have further focused on how this approach can be applied to housing, employment, training, education and criminal justice. These are a major element of Prime Minister Cameron's 'Big Society' (Cameron, 2010) and people will be looking to social care as a source of evidence for what can be or has been achieved. According to Chamberlain *et al* (2010), the Department of Health has been cautious about how much personalisation can save, noting that savings on individual care plans might be offset by the increased need for training and infrastructure. Other advocates of personalisation have been more bullish about the potential for savings (Needham, 2010).

Therefore, the implications for the findings of this research and their implementation may be affected by three potential scenarios. Firstly, there may be a much slower uptake of opportunities for participation and engagement of older people in taking advantage of self-directed care confirming that where stated commitment to more radical change remains rhetorical rather than reflecting any reality. Organisations preoccupied with the impact of the economy are in danger of becoming more inward-looking which may affect their capacity for taking forward the necessary strategic and local partnerships as well as having fewer resources for taking forward public engagement and developing preventive services (Chamberlain *et al*, 2010). Secondly, there may be a more concerted effort to focus on outcomes using more innovative approaches as suggested in the previous chapter when looking at the findings of the four research questions. Creative commissioning and brokerage which carefully considers both short and long term consequences of the way services are provided in the future can help to avoid making only negative choices and requires

looking for opportunities to learn and to be more creative in deploying resources. This requires leadership within older people's services with sustained commitment to genuine change motivated by a desire to realise in full, the benefits for older service users, and for the wider community. Thirdly, whilst a review of the underpinning evidence base for the government's commitment to older people's learning and participation in self-directed care has been contested, doing nothing is not really an option, as the case is clearly stated on how current services are already not meeting older peoples preferred needs. Some of the evidence from the literature review demonstrated that commitment to participation and learning does not only have the potential to reduce spending in other areas – particularly through greater integration of services for older people and increasing support for learning amongst the community. There were a number of issues raised by some of the research participants in relation to adopting different methods of working with older people. These demonstrate that taking care to focus resources more accurately around need and drawing on the older persons own personal resources may capitalise much further on what they bring to the care relationship. In other words, not all of the findings from this research are related to resource and costs but may entail both incremental and radical changes to the process and ways of working which focus on the attitudes and behaviour of professionals and provider services. The inappropriateness of some services already funded has also been challenged.

A government task-force into the reform of social work (DoE, 2009) made several recommendations about the importance of relationship-based practice and reduction of managerialist influences on professional practice. This

makes the outcomes of this study opportune as it contributes another dimension to the current debate about the nature of social work practice with older people in relation to participation and person-centred support.

### 10.7 Implications for future research

Because of the focus on outcomes in the personalisation debate, most of the attention has been within the medium term, particularly in relation to how progress might be affected by the cuts in public expenditure and re-prioritisation of need. The focus on lifelong learning, however, may have longer term impacts in raising aspirations and achievements for older peoples' participation and self-directed care but which might only become apparent over a 5 – 10 year period. Longer term measures of the value of a lifelong learning approach are as important as the shorter term measures, for example, the aim of getting everybody to use IBs. As the life time of this thesis demonstrates, government policy is easily distracted or dictated by electoral cycles. Since the completion of this thesis, for example, the coalition governments' new policy '*A Vision for Adult Social Care*' (HMG, 2010) has specifically reiterated its commitment to developing community capacity and promoting active citizenship by:

“..working with community organisations and others across all council services, establishing the conditions in which the Big Society can flourish; and commissioning a full range of appropriate preventative and early intervention services such as re-ablement and telecare, working in partnership with the NHS, housing authorities and others” (p.14).

The launch of the 'Big Society' stresses local solutions to the delivery of aspects of public services. Underpinning these developments will be a need for the new alliances between those who run services and local people. Older people's learning will be crucial to support any revitalisation in the localities agenda. The themes of responsive services and efficiencies are likely to be driven even harder by the anticipated public sector cuts and the associated deep-seated economic and social challenges that accompany unaddressed need.

Further research is always indicated whenever one dips their toes in certain waters. As highlighted above, some further research is indicated which involves the perspective of professionals and how their own education and training might reflect more accurately the skills they need to work in more innovative and challenging ways. The recent come-back of relationship based practice in social work (DoE, 2009) offers an opportunity for professionals to engage with social pedagogy and to reflect on methods used during interventions.

The majority of research on the theme of engagement of the voluntary or third sector in providing state services is sectoral and the knowledge base would benefit more from multi-sector perspectives to examine the strategic and practical challenges in how they might engage to provide more holistic responses to provision. Their expertise and ability to connect and innovate with older people may be something that the public sector has been unable to learn from. Therefore research into what works in this area is of immense interest to those working with older people in different sectors such as social care, education, health and social inclusion. This could also pick up on some of the

policy themes on the importance of learning and why are these not being taken up. This may be due to highly fragmented funding structures where public funding for social care is just one source of funding and given in such small amounts that it is unable to make a difference. The voluntary sector are rarely involved in the actual design of services commissioned from them but as some issues in my study demonstrated, there is a need to involve users themselves in the design of services and the voluntary sector may be able to undertake a brokerage role in relation to more personalised care.

Another area for further research is to evaluate the outcomes of personalisation by tracking older service users' experiences in order to identify which aspects of personalisation result in improved outcomes for wellbeing. This would entail identifying what criteria is being used to measure wellbeing which reflects the aspirations and visions of older people themselves and perhaps building on some of the aspirations expressed by the older people interviewed in this study. This could include evaluating the impact of specific initiatives designed to meet learning needs for example in relation to digital technology, managing finances and health. The inclusion of healthcare in IBs would provide an opportunity to evaluate more holistic approaches to managing health and well-being. It could also include differentiation between informal (unstructured) and formal (structured) learning, particularly the former which could be related to outcomes from relationship based practice in social work.

Finally, given the challenges in developing working relationships across sectors and capacity building, there is a practical need for social care providers to develop greater



knowledge of learning strategies and understanding of different sectors that they might wish to engage with. Research into what enables and facilitates these relationships, particularly those that engage with education and learning providers would be of interest to policy makers, commissioners and managers of services to older people.

### **10. 8 Reflections on my own learning journey**

During the process of undertaking this research I learned a number of new skills and was able to reflect and improve on existing ones.

Some of these were very practical skills such as learning to use computer- based qualitative analysis such as Nvivo which was completely new to me. I also developed a number of project management skills and flexibility in being able to adapt my project to changing external circumstances. Being a full-time working student has given me an appreciation of how to support my own dissertation students when planning their research projects. I also feel much more confident in supervising student research and have been able to draw on my own experiences and knowledge to share with others undertaking research. I have gained expertise in the research methods used and for example have included policy critique into one of my modules by adapting the methods I used myself. This has facilitated students in taking a more critical approach to policies in adult services. As someone with responsibility for teaching a curriculum which promotes personalisation and other aspects of working more effectively with older people, I have since encouraged students to grapple with a wider range of relevant issues, particularly those from the other discipline

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areas such as those that I grappled with in my own research. Having had the opportunity to examine the literature, policies and practices around self-directed care through a more critical lens, I have gained a deeper appreciation of the complexities involved as well as some of the more creative approaches documented in empirical research. For example, I frequently highlight findings from my own research and incorporate these into discussions with students of social work and the direct knowledge gained from my research has therefore improved my teaching in a number of different ways.

Undertaking qualitative research, particularly by entering the lives of those older people who are usually the subjects of my teaching, reminded me that providing a space for people to participate as fully as possible is an important feature of learning and reciprocity in learning. This has encouraged me to acknowledge the value of what students share and facilitating their contribution within the classroom and curriculum. It is unlikely that the outcomes of the study and its findings will have an immediate impact on social care. It does, however, have implications for how we wish to influence future practice and how we reflect on the nature of policy and structure of social care. There is the potential to influence the very way in which social work practice is viewed and constituted which makes it more interesting. There is often an imperative in education and social care research to find immediate solutions. As the personalisation agenda is in its early stages, educators such as myself have some influence on the how social workers are conceptualising and taking forward practice in this transformational landscape. I am therefore able to make some practical suggestions to practitioners in this regard. I

conclude this thesis with some key recommendations as a result:

When working with older people, social workers and care staff could be more proactive in exploring their interests in learning and need for skills development. This might involve taking a learning history and using both formal and informal prompts during assessment to explore the older person's learning needs. The design of care pathways should include opportunities for assessing, recording, monitoring and evaluating learning needs and pay attention to provision of learning opportunities in relation to the desired outcomes identified by older people.

There may be trigger points in the care pathways that could be addressed through learning interventions. Social workers and those commissioning services should ensure that services and service development in social care take account of meeting the assessed learning needs of older people and be directed by older people themselves. This might involve developing outreach programmes targeted at service users in partnership with educational services, or, to develop learning features of social care services with education providers.

The above two recommendations are applicable in reverse for those educational professionals working with social care users. Educational professionals in the community and its institutions need to consult older people using social care services about their learning needs and ensure that the curriculum reflects their learning needs as well as ensuring that mainstream learning opportunities are accessible to people with disabilities, particularly sensory impairment. One approach might be to establish centres of learning for

service users that combines health and social care promotion with educational interventions.

Social work education should include in its curriculum, opportunities for trainee professionals to develop knowledge and skills about different pedagogies and how these can be utilised in their relationships with service users. There is a potential role for social workers in fostering transformational approaches within their day to day practice if they are equipped with the skills of critical reflexivity and other forms of pedagogy recommended in perspective transformation.

Increased involvement of older social care users in the training and education of social workers and social care staff can be achieved by using a range of means to facilitate their participation in recruitment, learning and teaching and assessment. Since starting this study, I have used drama, role play and comedy with service users through outreach in the community to get their message across in more challenging and unorthodox ways (Hafford-Letchfield *et al*, 2010). How trainees work with older people around meeting their learning needs for example, could be an area of specific interest led by service users. Older people could be used in the curriculum to develop more co-productive approaches to look at the topic of personalisation and help social work and social care staff to think more creatively about the implementation of self-directed care.

Social work academics should use their influence in the structures they work in by disseminating and establishing more active dialogue around policy issues affecting the practice and education of social work and build coalitions with older people they work with, to do so.

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Social work programmes should investigate different types of practice learning opportunities for social work trainees in user-led organisations or in places where social pedagogy or learning is harnessed in community development. Universities could establishing learning programmes in partnership with other agencies which promote new forms of civic engagement in later life with curricula which promotes older people's rights through community action and tackling social exclusion

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